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ETIOLOGY OF TYPHOID FEVER.

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We do not expect to give more than a cursory view of the Etiology of Typhoid Fever. It is always a subject fraught with great interest to the student who would search out the cause of the disease.

At the very threshold we are met with the query: Is typhoid fever a contagious disease? We find a great array of authorities on either side of this question. Perhaps, if the opinion of the mass of medical men could be taken by vote, a large majority would be found to be firm believers in the theory of the contagiousness of this fever. The teachers of the past perhaps more than now, advocated the doctrine of its contagiousness. We do not say, from our limited experience, that it is positively not contagious, but we do believe that it is scarcely ever so, if at all.

It is never produced by anything but the peculiar typhoid poison, the origin and nature of which we have much yet to learn. That it never originates *de novo*, seems to be quite well established in the minds of most of those who have made investigation of this matter. Typhoid fever is a specific disease. It is produced by a specific cause. It can no more have a spontaneous origin than can syphilis, or gonorrhœa, or variola. Yet it is not contagious in the sense that these diseases are. It is not communicable by contact, as are the two former, nor by simply breathing the atmosphere coming from a typhoid patient, as variola would be to an unprotected person.

The atmosphere may be loaded with typhoid poison, and be the medium of conveying the same to a person susceptible of receiving the poison in this way; but this state of atmosphere is produced, generally at least, by other means than the exhalations from the body of a typhoid patient.

The origin of typhoid fever is always connected with the decomposition of animal matter. But the generation of the typhoid poison is not autochthonous with decomposing animal flesh or excretions. No amount of decomposing flesh, or of filthy excretions, or fetid sewer gas can produce this poison *de novo*. But if the typhoid poison finds a lodgement in such favorable soil, it germinates and rapidly multiplies. If, under these conditions of environment, the poison thus generated finds lodgement in the body of any person capable of having typhoid fever, that fever will result in that person, and in as many more susceptible persons as are exposed to the poison. In this way a whole family or congregated community may be infected, while others in the vicinity, but not exposed to the local focus of poison will entirely escape.

The disease never appears in any locality, however favorable the unhygienic environment may be, until the typhoid poison is introduced from some other locality where it then is or has recently existed. Persons are often, and for long periods, exposed to noxious vapors from privies, sewers, decaying flesh, or excretions, without the development of typhoid fever. But if to such decomposing masses the specific typhoid poison be added, the fever will as certainly result in the persons exposed to the exhalations, as that they continue exposed to them, if they have not already suffered from the disease at another time.

(Persons rarely suffer but one attack.) Before such addition of the poison, no fever occurs. After such addition of the typhoid poison it is sure to occur.

One of the best and most authoritative instances on record is that given by Flint, in his work on "Practice," where a traveler affected with this fever came into a little community and died there. There was not a case there before his arrival, but in about the usual time for the incubative stage to pass, others in the hotel where the traveler died of typhoid fever were attacked, and then others, until a large number had it, and many died of it. None were attacked but those in that little community who were nurses and attendants, or who communicated with them; therefore, it was argued that it was contagious. Those holding aloof from its subjects did not become afflicted. Surely it was contagious! But investigation proved that the stranger's excretions were thrown into a privy "very near" the common well of this community, and that the water, very probably, was thus contaminated. Dr. Flint, in the work above referred to, strongly argues from this instance the contagiousness of typhoid fever (p. 712, Ed. 1866), but in a recent number of the *Medical Gazette* (June 25th, 1881), in referring to this same incident, he says: "Now, the interesting part of this story is, that the families in which the disease manifested itself were in the habit of drawing their drinking water from a common well at the tavern, and were in constant communication with the inn-keeper's family. It was thought by some that the keeper of the tavern had poisoned the water, and an analysis and thorough examination was made, but nothing of a poisonous nature was found, except the privy, into which the dejections of the sick stranger had been thrown, was located very near the well, which the villagers used in common. Strange to say, I never suspected at that time that the propagation of the disease was effected by means of the water, but thought that the air was the medium of communication." Another point of great interest in this instance, is the fact that a family in the village that did not use that water at the inn were not affected with the disease. They had a well of their own.

Now all this proves, as far as one example can, that animal matter, excretions, etc., do not generate the disease or poison *de novo*. That well and privy were as close together before the typhoid stranger's excretions were cast into the latter, as they were afterwards, yet no case of fever occurred. But the typhoid poison found a favorable soil in which to multiply, and these

who took the water became its ready victims. Here contagiousness was the supposed cause of propagation, whereas it very probably had nothing to do with it.

Another instance where the fever seemed to be contagious: A family in this vicinity was suffering from typhoid fever. Some ten of the family had it before its ravages ceased. Two persons went there temporarily to nurse them. They both contracted the disease. It was, therefore, argued that the disease was very contagious, and no one would go near again to help the family in their distress. It was overlooked that these nurses drank of the water and eat of the food the same as the affected family had done. This was most probably the source of their infection.* Where the poison came from that infected this family I do not know, as I cannot tell who visited them and left their excretions behind them, nor can I tell where the first subject of it had been to get the poison in water or food that was already contaminated. However the poison was brought there, it found a favorable soil for growth and multiplication, and for exerting its power on the dwellers of that house. Many such instances occur, which give the appearance of spontaneous origin; but if typhoid fever is a specific disease it cannot originate without a specific poison; and such specific poison is no more apt to originate *de novo* than is the poison of syphilis or variola.

Almost every practitioner of experience has met with instances like the above named. On the other hand, very many instances have been met with where one individual in a family has had the fever severely and yet no other one would become a subject of it, although the patient had been carefully nursed by its various members, many of whom had never been subjects of the disease. Now, why are such instances so common if the disease is contagious? In these instances, either the typhoid poison in the excretions does not find a favorable soil in which to multiply, or by careful hygienic efforts its powers are neutralized, and therefore the family escapes.

* These persons that thus contracted the fever and carried it home with them did not communicate it to other members of their respective families. Now if the fever is contagious, as is variola, scarlatina, or rubella, it is certainly fair to presume that they would have been the cause of the fever in other members of the family who nursed them. Such was not the case. It seems far more reasonable, therefore, to accept the now recognized fact, that the disease is the result of the specific poison germ, and that in these cases, as in many others that fall under our observation, the poison germs did not find a favorable soil in which to multiply and exert their power. Therefore only the one infected person in each family had the fever, and that person became infected in some locality other than that of his own home.

I well remember a family in which nearly every member became the subject of typhoid—some ten in number. The neighbors all around them nursed and watched, but it became at once the idea that the water or some local cause was at work there producing the disease, and the helpers were careful to avoid these sources of infection. Not another case occurred in the neighborhood outside of this family. Where is the contagion here? If infection was here, as it must have been, it was kept within local limits. The favorable soil here was the common filth of the family, in and all around the premises, which was notoriously abundant. We often read or know of some family where typhoid fever is present, and where a relative or friend residing some miles away go in to nurse the sick and become subjects of the disease. At once contagion is charged with the spread of the fever to these subjects. Possibly it may in some sense be so, in some cases, but those who set up the plea of contagiousness seem often to forget that the visiting friends and nurses partake of the same water and food as had the patient who is now sick; or, perhaps may have been careless about promptly removing the excretions and thus have permitted the air to become loaded with typhoid exhalations. Time and again do persons who never had the disease remain day and night with typhoid patients and not contract it. How then is it contagious, in the ordinary sense of that term? *

Again, as to the spontaneous origin of the fever, or of the poison. It will be said, as I have heard it, something like this: "A family residing in a certain place for years, are not in communication with the outside world to any considerable extent; they drink the same water from the same spring, or well, and live as they ever have done. Now, after years of residence in that place a member of the family is attacked with typhoid, without any known exposure, and other members take it also. How do you account for such instances of the fever, if it does not have

a spontaneous origin?" In reply, we have to say, we cannot always trace the poison to its origin in these cases; but on the other hand, you cannot tell whether the afflicted member of that family, or several of them, have, or have not taken the poison into the stomach in a drink of water in the nearest town, or in a glass of milk in some friend's house, in some hotel, or in some article of food taken while away from home, or in food at home, which had been bought from some other place. There is very little ground left for supposing its spontaneous origin.

A person in the incubative or prodromic stage of typhoid fever may leave his excretions, with typhoid poison in them, at some country privy, or in some rural soil, favorable for the multiplication of the poison germ, all unconsciously to himself or any one else. He may do this ten or five hundred miles away from his home. Three or four weeks later he is in the midst of a course of severe typhoid fever, and the seed planted in the country privy have brought forth their fruit, in the way of typhoid cases, in the family where this man had, all unconsciously dropped the seed in their vicinity weeks before.

Some years ago, I was called to see a family of five members. I found three of them afflicted with either variola or varioloid. Where have you been to contract this disease? We do not know! Have you not seen or met any one affected with smallpox? Not that we know of! Have you made any purchases lately? Nothing but this calico, for dresses! Not a thing? No, unless you include a few groceries! Have you been away from home on a visit lately? No, not further than the store, perhaps, a mile away! Nor had visitors? None but neighbors!

Now, here is a case in illustration. These people had no idea how they came in contact with the poison. Smallpox was absent from the place at the time, and had been for years. How came they by it? It may have come to them in the calico. But they may have met it in the street. Sure it is that they had been exposed to variolous poison, unless we set up the claim of spontaneous origin. Who will do that? We can just as well claim the spontaneous origin of syphilis. True, a cart-wheel may come in the way sometimes, but there is always a woman between the man and the cart-wheel. No one will claim the spontaneous origin of either of these last named specific diseases. No more can we claim the spontaneous origin of typhoid fever, which in itself is a specific disease, arising from a specific poison, which never produces any other disease than typhoid fever.

* Liebermiester says, "Physicians and nurses who take care of such (typhoid) patients, are no more frequently attacked with the disease than are persons who have never seen such cases. Up to the year 1865, I have never seen in the hospitals which I visited (Griefswald, Berlin, Tübingen) a single hospital patient, physician or nurse attacked with typhoid fever, although such cases are placed in the general wards. Other observers have had the same experience. According to Marchison, during a period of fourteen years in the London Fever Hospital, 2506 patients with typhoid fever were treated, and during that time only eight cases originated in the hospital. (*Encyc. Med.* Vol. II, p. 46.)

After the above date many cases arising in hospital gave the appearance of contagiousness of this fever, but their origin was clearly traced to infectious sources within the hospital structure and surroundings that entirely shut out all evidence of contagiousness. (*Loc. cit.* p. 47.)

In the number of the *Medical Gazette*, before named, Flint says: "According to this theory, then, typhoid fever is a communicable, miasmatic, contagious disease, but not contagious in the usual sense of that word. This view is reasonable, philosophical, and probable, but not certain."

"Now, the question naturally suggests itself, whenever this disease occurs, must it have been derived from some person already infected, imbued with the active principle or contagium vivum? Our answer must be yes. Facts seem to point to the conclusion that these germs exist in the dejections."

He also refers to the case where typhoid fever was conveyed to a patient by transfusion of blood from the veins of a doctor to those of a patient, and subsequently typhoid fever was simultaneously developed in both.

Now, this is a plain, strong case, showing that the typhoid poison may, during the incubative stage of the fever, possess power enough to produce the disease in another person if introduced into his system by the medium of the blood. If the blood may thus contain the poison in a state capable of propagation and multiplication when transferred to a favorable soil during the incubative stage, may not the excretions also contain the poison possessed of a like power to propagate and multiply when transferred to privy, or sewer, or animal filth, and so produce the disease? If so, the person who is in the incubative stage of typhoid may readily infect a community, and be hundreds of miles away before the prodromic stage comes upon him, thus leaving persons behind him infected without giving to them the slightest idea of where the poison came from to infect them.

There are many points in the etiology of this disease of which we cannot now speak, as space will not permit, such as age, season, water-level, milk, food, etc. Some very extensive epidemics have had their origin in the milk supplied by dairymen, who had typhoid fever in their homes, or who were careless as to the water used in washing their vessels.

Only a few years ago, in Dublin, a quite extensive epidemic of typhoid fever, for its origin, was clearly traceable to a single dairyman. The disease followed in his tracks everywhere he went, and did not extend beyond the families to whom he supplied milk. The whole trouble was clearly traceable to the infected water he added to his milk, or with which he not too carefully washed his cans and buckets.

Again, the long continued vitality of the poison

germ is worthy of note. This, too, may readily account for the seemingly spontaneous origin of typhoid cases. An instance is related by Gietl (*Cyclo. Med. Ziemssen*, p. 56), in the following words: "A villager who had contracted typhoid fever at Ulm returned to her native village, a place where typhoid fever had not existed for many years. The excrements of this person were thrown on the dunghill. Several weeks later five persons were employed to remove this dunghill. Of these five four were attacked with typhoid fever, and one with gastric symptoms and swelling of the spleen. The excrements of these five persons were buried deep in the dunghill. Nine months later two persons were employed in completely removing this dunghill; one of them was attacked with typhoid fever and died of it."

In these and many other instances, the air is the medium of conveying the poison to the system through the lungs. This being the case it is impossible to always know when and where any one is exposed to the infectious principle. Food and drink are, perhaps, the more common vehicles of the contagion. Such facts as the few herein given render it difficult to establish the purely contagious character of the disease, and seem clearly to indicate that it is infectious rather than contagious in the ordinary sense of the latter word.

POISONOUS SYMPTOMS DEVELOPED IN ONE CASE FROM THE USE OF OIL OF TURPENTINE, IN ANOTHER AFTER THE APPLICATION OF A PLASTER OF THAPSA.

Reported to the Medical Society, Dist. of Columbia,
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I beg leave to call the attention of the Society to the histories of these cases, for the reason that, although similar accidents may have been noticed by members of our profession, I have been able to find little or nothing about the toxic effects of the drugs mentioned in current medical literature.

CASE I.—L. M., a young man of about twenty-two years of age, visited my office a short time since and related the following facts: A few days previous, feeling unwell, with a pain in his back, and having taken cold, he called at a drug store and asked for ten cents' worth of castor oil and turpentine, of this he was advised to take a teaspoonful, but as he was suffering a good deal he took a tablespoonful, or perhaps more. He retired at 9 P.M., slept well and rose at 8 A.M.,

with a strong desire to urinate. This desire increased until it became constant, and he made unavailing efforts until 10 A.M., at which time, with great pain, he passed his water, and thereafter dribbled a little every five minutes. At the hour mentioned, 10 A.M., with the first urination came blood and corruption (so the patient described it). I saw him at 5 P.M. of the same day, and his condition was as follows: Body bent forward, face congested, eyes injected, respiration quick, pulse about 100, temperature not taken. He complained of intense pain in his back, some nausea and headache, and a constant desire to micturate. His bowels had been opened freely during the day, and he still had a desire to go to stool. He exhaled most strongly the odor of turpentine. He was directed to go home, make use of mucilaginous drinks freely, and take twenty-five drops of deodorized tincture of opium every two hours, until sleep ensued. In case the troublesome symptoms continued he was to repeat the next day. He returned the next day at 5 P.M., and reported himself as very little better, although he had passed a good night, only one dose of the opium having been required. He brought with him a vial of urine which was exceedingly turbid, becoming deep red after the sediment fell to the bottom. This was examined and found to contain a large quantity of urates, pus, and oxalic acid, and had a strong violet odor; no casts were found.

In the interval between the visits of this patient I had carefully gone over my text-books, in the hope of discovering some plan of treatment indicated for such toxic symptoms as the patient exhibited. No positive advice was given; in fact, the matter was hardly alluded to in any of the works at my disposal. One author states that poisoning by turpentine must be treated on general principles. Knowing, however, that turpentine is considered an antidote to phosphorus, I thought perhaps the exhibition of the latter article might prove of benefit, on the principle that it is a bad rule that will not work both ways. The patient was accordingly directed to take one-sixtieth of a grain of phosphorus three times daily, to continue the mucilaginous drinks, and if he could not sleep, another twenty-five-drop dose of the opium previously prescribed. Under this treatment, continued for a few days, he made a good recovery, although the pain in his back lasted for some time, and for nearly a week a very perceptible terebinthinate odor clung to him. It becomes of interest for us, therefore, to determine, if possible, whether the patient was threatened with an attack of

kidney congestion or acute nephritic inflammation, evidenced by pain in the back, for which he took the castor oil and turpentine, by which the coming trouble was precipitated or did the remedies simply produce congestion and strangury and the other symptoms enumerated. My own impression is that the trouble was caused entirely by the turpentine, as the backache could be accounted for, the patient having been engaged in moving furniture and books a few days previous to his sickness. I have also endeavored to discover just how much of the turpentine was taken, but cannot answer positively. The man probably received equal parts of castor oil and turpentine, and if he took one tablespoonful or half a fluid ounce, he must have swallowed not less than two drachms of turpentine. He is not positive, however, as to the exact quantity of the mixture taken. In looking up the subject of certain toxic symptoms produced by turpentine I have jotted down the following notes:—

In *Am. Jour. Med. Sci.*, vol. xxxv, 1858, is a reprint from Dublin *Hospital Gazette*, by Dr. John Maund. This author states, that from an examination of works on medical jurisprudence, he is forced to conclude that fatal poisoning by turpentine is very rare. Pereira and Christison mention that fl. ʒij of oil of turpentine killed a dog in three minutes. Dr. Maund, to see if the poisonous action of turpentine was uniform, made a series of experiments on dogs. Half an ounce was administered, which produced symptoms of intoxication, etc., but all effect was lost after twenty minutes. Another two ounces was given, but although grave symptoms were seen the animal gradually recovered. The quantity of turpentine was increased up to four ounces, but all the animals recovered. So it would appear that the conclusion of Schubarth, that the effect is not uniform, is correct. Dr. Maund relates a case of suicidal poisoning in a female thirty years of age, who it was supposed had taken between four and six ounces. The appearance of the body suggested that the patient perished from strychnine poisoning, and that death had suddenly occurred from tonic spasm. No strychnine was found, on examination of the viscera. The internal organs presented the appearance of a person dying from asphyxia, membranes of the brain and spinal cord being greatly distended, liver and kidney congested, bladder empty but firmly contracted, and healthy. The impression in view of the symptoms is that death resulted from asphyxia produced probably by tetanic contraction of the muscles of respiration.

From this statement it may be seen that we have no positive data upon which to base a conclusion as to the poisonous dose of oil of turpentine, and it is rather singular that the dose my patient took should have produced such severe constitutional effects.

CASE 2.—The second case is one in which a plaster of thapsia, 6 × 6, was ordered a young female for a pain in the chest, by a brother practitioner. The application was made at bedtime, 10 P.M., and the region selected was in the sub-clavicular space of the right side. The plaster was allowed to remain until 10 A.M. of the next day, when I was sent for and found the patient's condition as follows: Quick pulse, with considerable fever, intense itching beneath the plaster and extending to the roots of the hair, eyes congested, with lids œdematous, cheeks very much swollen, red and painful. The skin under the plaster showed quite large, distinct vesicles, but on the neck, face and brow there were none, the skin having the reddened, brawny appearance seen in a case of erysipelas; in fact, I at first believed I had such a case to deal with; there was, however, no line of demarcation, the redness ending in a slight blush. As the patient was anæmic, and to be on the safe side, I put her on large doses of the tinct. of muriate of iron and ordered as a local application the liq. plumbi sub. acet., diluted with laudanum, which was afterwards replaced by cosmoline. The itching was so painful at night that ammon. bromide and chloral were needed to procure sleep. In three days she was quite well, but slight photophobia remained for some time. I have looked for records of similar cases in my own books, but have found none, although I am credibly informed that cases similar to mine have occurred in this city.

I must confess, perhaps to my shame, that I have frequently employed thapsia plaster without knowing exactly what it was; and to assist the knowledge of some of my brethren who may perhaps have prescribed it in the same way, I subjoin what I have been able to discover about it. Thapsia, or the deadly carrot, received its name from the Island of Thapsus; it is a violent purgative, is found in northern Africa and southern Europe, and is a perennial herb, and belongs to the umbelliferae. According to the French codex, it is the resin from the root of *thapsia garginica* which is used. To prepare the plaster, the following ingredients are melted and incorporated together: yellow wax, resin, white pitch, turpentine, melige turpentine, glycerine, white honey, and resin of thapsia. This mixture

is then spread upon the French sparadrap, a sort of plaster cloth.

Thapsia, when fresh, contains a white, acrid juice, and Stillé and Maisch state that the acidity is due to the resin. On page 1388 of the last edition of their Dispensatory they state that Galen, Dioscorides, and the Arabians were familiar with its use, and also make the following remarks: "applied as a plaster, the skin becomes inflamed with intolerable itching, and a copious vesicular eruption occurs. If the application is not prolonged the eruption speedily dries up, but in the contrary case the vesicles become confluent, break and expose an ulcerated and suppurating surface, which on healing leaves scars resembling those of smallpox. On delicate skins its operation is extremely severe. It is stated that the workmen employed in preparing extract of thapsia on a large scale were afflicted with fever and swelling of the hands and face, and from time to time were obliged to suspend their work. A case is also related in which the application of a plaster of thapsia resin to the chest was followed in about twelve hours by severe strangury and violent itching about the genitals and anus. Stillé and Maisch also state that in its therapeutic operation it does not differ from other counter-irritants, such as croton oil, euphorbium, mezereon, and tartar emetic.

If this be the case, in view of the danger which may result from the use of thapsia, would it not be better for us, in the future, to substitute some one of the reliable remedies.

MEDICAL PRACTICE FIFTY YEARS AGO.

BY A. ROTHROCK, M.D.,

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Extract from an Address delivered before the Juniata Valley Medical Association.

* * * Having been actively engaged in the practice of our profession full fifty-one years, it affords me pleasure to refer to the many important improvements for the relief of suffering humanity during my professional life. Among other operations in surgery we would mention ovariectomy; the bloodless operation, as it is termed, in amputation; the improved system of treatment in diseases of the eye, the ear, and the throat, which have each a distinctive chair for the education of the student in all our first-class medical schools; the hypodermic treatment of many diseases; the use of Sayre's plaster jacket in spinal affections. But in my estimation the greatest boon of all to the sufferer is that of anæsthesia, which has over-ridden and outlived all opposition from the timid, the ignorant and

the superstitious, and which is now recognized and endorsed by every respectable physician and every sensible man. Half a century ago, the agonizing cry and the terrible demonstration of pain manifested by the patient under a severe operation was appalling to witness.

Contrast, if you will, an important case under the knife of the surgeon without anæsthesia, with the placid sleep and tranquil countenance under the most painful extremity now, and we can readily appreciate the great, the inestimable relief produced by chloroform and its kindred articles of the *materia medica*.

Now let me ask what is the mission of the medical men of the present day? It is emphatically to elevate our standard, literally, scientifically, and professionally.

A little more than half a century ago cinchona bark was the infallible remedy in treating bilious intermittent, remittent and other forms of fevers. The saddle-bags, pockets, and every available corner of the country physician's armor were crowded to overflowing with cinchona bark, and patients were crammed with that detestable dose of huge dimensions, until the very appearance of bark was repulsive to any stomach of ordinary sensibility. In 1826, when I entered the office of my preceptor, the sulphate of quinine was introduced, and such was the strength of this alkaloid when first discovered that two to three grains were sufficient to break a paroxysm of intermittent fever, and this improvement was the *subject of all subjects* discussed by medical men. I think the price ranged from \$20 to \$25 per ounce. Soon afterwards, however, by advance in chemistry, a much larger portion of the article was extracted from the same quantity of cinchona. Quinine became cheaper, of less strength, and of course must be administered in larger doses.

The introduction of veratrum viridi, bromide of potassium, hydrate of chloral and some other articles of the *materia medica* of comparatively recent date, also adds materially to our list of valuable medicines.

I may here state that the bilious intermittent fever of 1830 was in many respects characterized by the same symptoms in the invasion that we witness in the present typho-malarial fever. One point of difference, however, that the fever of 1830 was essentially inflammatory in its character, in proof of which I will say that venesection was one of the leading remedies to be resorted to. In a paroxysm of bilious intermittent fever every symptom denoted a highly inflammatory diathesis. If we neglected to bleed at the first, or at most second, visit to our patient,

we reasonably anticipated a very protracted course of typhoid fever in the end; whereas if timely bleeding was practiced and active antiphlogistic treatment pursued, in two or three days we expected a crisis that required the administration of sulphate of quinine, which at once broke up the chain of febrile symptoms and the patient convalesced.

As time advanced in subsequent years, the inflammatory symptoms became less distinct, and in 1847 the bilious inflammatory fever of former times merged into a severe epidemic of typhoid fever, which required a course of treatment essentially the opposite of what prevailed years previous. This typhoid was of a low and malignant grade, was very contagious, and in my locality during one winter season some sixty cases would each and every one be traced to one origin. Active stimulants with nourishing and supporting regimen were from the beginning demanded, and generally succeeded in restoring the patient after a course of confinement varying from three to six weeks. Whereas, if venesection was practiced or any depleting remedies employed the patient invariably died.

There is an erroneous impression among all leading physicians of the present day that the ancient practice of bleeding in fevers as well as in all inflammatory diseases was manifestly wrong, and that much evil resulted from this depleting course of treatment; and at the present time this sentiment pervades all classes of society. If I propose now to bleed in a case of pneumonia, pleurisy or other inflammatory disease, which in my judgment requires venesection, the patient looks aghast, the lookers on are amazed that the idea of bleeding should for a moment be entertained. Remonstrance is at once made, and we expect to hear the exclamation, "I am too weak to be bled!" When, however, I decide that bleeding is clearly indicated, I persevere until I accomplish my purpose, and when judiciously practiced, always with benefit to my patient.

Now, while I fully endorse the stimulating and supporting plan in typhoid fever and all low forms of disease, I boldly declare that the present practice of repudiating in wholesale terms the judicious use of the lancet in every form and type of disease is essentially wrong, whether it emanates from the learned professors in our first-class medical colleges or the humble peasant who only in part reflects the prevailing idea as he catches it from higher authority; and I here predict that the day is not far distant when a wholesome revolution will dawn upon us

as to the use of this remedy, *potent* for good when properly used. I contend that the use of the lancet as practiced half a century ago was judicious, scientific and fruitful of good results in diseases that prevailed at that time. We should then not lose sight of type as it occurs in the various forms of disease. An attack may assume a bilious inflammatory character one year and the next may be a type of typho-malarial fever or of mixed symptoms; and the intelligent skillful physician who studies well the different types of disease as they occur in different seasons and under dissimilar circumstances in the course of a life-long practice, is the man who will be most successful in a career of usefulness and most prompt in affording relief to suffering humanity. So far as my observation goes the *invasion* of bilious intermittent fever of 1830 was in no respect materially different from the *first* stages of our typho malarial fever of the present day, except that the former was more violent, exhibiting more clearly the synchous grade of Dr. Cullen. In the further treatment, however, when the first or second paroxysm was broken, we expected a crisis and a good recovery, in the fever of half a century ago, whereas in the fever of the present day, when the first violent symptoms are arrested, instead of a genuine crisis occurring and speedy convalescence following, as in the fever of olden time, we may reasonably anticipate a regular set in of typho-malarial, of weeks' duration.

Now let me ask what is the mission of the medical men of the present age? It is clearly to elevate our standard of culture, science and medicine. The place to begin is unquestionably at home. Every physician should scan well the character, aptitude and intelligence of all applicants as students to enter his office, and admit none whose education does not fully come up to the requirements of the State Medical Society, as adopted in the annual meeting of 1878. Our fathers, to whom reference has already been made, as members of the first medical society in this district, were all men of good English and classical education. They were all gentlemen, recognized by the legal and clerical profession as fully their peers, and were regarded as the elite of society. The increased facilities for education we now enjoy, the wealth of our country, and the higher instruction of all classes of society, male and female, demand that the physician of the present age shall be a man of intelligence as well as an expert in his profession. The fact is, no man can be a gentleman and be ignorant. The physician is necessarily thrown

into the most intimate relations of society. He is made the confidant of the delicate, sensitive female, as well as the stalwart, thorough going man. If, then, he is not an intelligent, refined gentleman, no matter what his attainments are, professional or otherwise, he cannot be an acceptable physician.

Half a century ago, the medical department of the University of Pennsylvania, then decidedly the leading school in the United States, had a Faculty consisting of six professors and one demonstrator of anatomy. The Jefferson Medical College, the rising and vigorous rival of the University, had the same number of professors. By the late announcement of the University, we learn that this venerable Institution fills the winter course with twelve regular professorships, the spring course with sixteen, and that there are twenty-four demonstrators of anatomy, pharmacy, etc., beside the auxiliary faculty of five professors. The Jefferson and other leading medical schools have advanced the course of instruction, perhaps, in the same proportion.

In view of the fact that we represent an already over-stocked profession, and one which, by the way, is yearly becoming more crowded, it may be in the interest, both of the public and of ourselves, if we insist on the higher standard of culture for admission to the medical ranks.

It is well, also, to bring to mind the almost forgotten fact, that a century ago the examination preliminary to medical study in the University of Pennsylvania was more rigid than any school in the land dares to insist upon now. We were fresh in our separation from the medical centres of the mother country then, and dared to endeavor to produce as fair a medical progeny as they did; but rival schools led to a lowered standard, so low, indeed, that within the memory of most of us, a man for whom the school was most certain to blush in future, was shoved out of the lecture room and into the world to take charge of human life and happiness. This was all in the recent past. The spirit of progress, the rivalry of better things, prevents, to a great degree, any such reckless graduation of poorly prepared doctors now.

Let us hope, however, we have not yet reached the crest of this advancing and rising wave; that in future, even a critical public may be satisfied with what the doctors are doing in ameliorating the suffering of our race, and increasing its average term of vigorous vitality.

—There are five hundred and seventy-six medical students in the Berlin University this summer.

HOSPITAL REPORTS.

HOSPITAL COLLEGE OF MEDICINE,
LOUISVILLE.

CLINIC OF DUDLEY S. REYNOLDS, M.D.,

Professor of Ophthalmology and Otology.

Syphilitic Laryngitis.

GENTLEMEN:—The patient before you, Clay Taylor, is 33 years of age, married, resides in Lexington, Kentucky, is a switchman on the railroad, and as you observe, cannot speak above a whisper. You see, gentlemen, those of you who are acting as assistants to the clinic to-day, that the whole of the right vocal cord in this man's throat has been transformed, apparently, into a gummy, vascular mass, and that the anterior half of the left cord is also in nearly the same condition. Now, it is useless to ask this man a question as to his previous history, so far as the diagnosis is concerned; but in order to satisfy you that I have omitted nothing that is proper to be considered in the investigation of his case, I will interrogate him with the view of obtaining what is called the history of the case, but what is, in fact, in the vast majority of instances, utterly worthless. This man has constitutional syphilis, and it matters not what he may say concerning his past history, nothing but constitutional syphilis can produce the pathological condition now present.

"Have you ever had any venereal disease; did you ever have a sore on your penis?" "Yes, sir, seven years ago I had a chancre, which lasted about three weeks. It was very painful. Dr. —, in Nashville, treated me during that time, and when the sore began to get well I left Nashville and went to my present place of residence, Lexington, Ky. Since then I have always had good health, and I don't think I have anything the matter with me except this throat, which has been sore for about two weeks. I attribute it to cold I caught during exposure to the bad weather; the place of a switchman at a railroad station is not very easy."

You see the man appears to be well nourished; he has had no treatment except that received during the three weeks he remained in Nashville while he had the chancre. He declares he has never had any other symptoms of syphilis. He says he has never had any skin disease; has not until now had sore throat; there are no scars upon the margin of his tongue, in his fauces, nor has there been destruction of the turbinated bones. Therefore the only manifestations from the time the chancre healed, seven years ago, until two weeks ago is this attack, in the throat, which I have denominated a gummy deposit upon the surface of the vocal cord of the right side and of the anterior half of the left cord. You observe that the man whispers; he tells you it is with pain he is able to do even that much. His appetite is good; he sleeps well at night, except that when he goes to sleep he suddenly awakes in a great state of excitement and alarm, imagining that his "breath is stopped;" he tells me his bowels move every day; he seems, as you may observe, well nourished. He, therefore, requires that kind of specific constitutional

medication which will tend to alter the state of nutrition in the vocal cords. He requires that kind of treatment which will unload the present engorged state of his lymphatic system, for I find the cervical ganglia are enlarged, those in the submaxillary region being the size of small marbles.

Now such medicines as tend to dissolve fibrinous concretions in the lymphatic channels and in the tissues are those which are indicated in the treatment of such conditions as this man presents. Though he has syphilitic disease of the vocal cords, and though this is undoubtedly constitutional, we shall give him no mercury. I have long since ceased to believe in the reputed specific powers of mercury in the treatment of syphilis in any stage. Bernstead says, no mercury should be given during the presence of the chancre; that the patient's condition should be carefully watched; and he details a number of cases to show the natural course of the disease, even under mercurial treatment. He then proceeds to endow mercury with specific antidotal properties. Professor John Ordonnoux, of New York, in the *British and Foreign Medico-Chirurgical Review*, for 1870, I believe in the January number, published an account of a very large number of cases of syphilis which had been treated by mercury, and in which serious lesions of the tegumentary and osseous systems occurred, and a much larger number of cases wherein no constitutional treatment whatever had been practiced, and where the disease had gone through certain evolutions without committing any serious ravages upon the bony, tegumentary, or the nervous structures, the manifestations coming on occasionally, but comparatively mild in character.

Prof. John Hughes Bennett, of Edinburgh, taught, with a great deal of earnestness, the doctrine that mercury was not only a specific antidote to the syphilitic poison, but that it laid the foundation for those remote manifestations in the osseous structures which have added greatly to the horrors of syphilitic disease. I feel satisfied that mercury should not be administered as a supposed antidote to the syphilitic poison in any stage of the disease whatever. I believe that Dr. Keyes, of New York, in his admirable treatise on "Venereal Diseases," published this year, in Wood's Library of Standard Medical Authors, has touched very nearly the point of the proper therapeutics for syphilis, when he says, "no specific constitutional course of treatment should be instituted until the constitutional manifestations of the syphilitic poison become manifest. If a man has a chancre he should receive no constitutional treatment unless there is visible constitutional derangement. If the chancre gets well, leaving the man in his ordinary state of general health, nothing whatever should be done. If, however, after the lapse of some months he comes with an eruption upon the skin, and shows other signs of syphilitic disease, the specific tonic treatment by mercury should be begun."

Now, what Dr. Keyes means by the specific tonic treatment by mercury it is difficult to conjecture, for if mercury is a specific against the syphilitic poison I cannot understand why he would delay its administration beyond the

period of the initial lesion. That it is antidotal to the poison after it has reached the first stage of evolution, wherein it is able to present visible manifestations of its constitutional character, Dr. Keyes fails to prove.

I warn you, gentlemen, pay attention to this point in the treatment of syphilis; when your patient has a chancre undertake no treatment with the view of dissipating or eradicating from the system the syphilitic virus. Practice those methods of cleanliness and soothing applications that are known to hasten the process of recovery from the local disease; see that the secretory and excretory functions of the body are properly performed, and give your patient to understand that he may or may not have subsequent manifestations of the syphilitic disease. In case he should have, it is then quite time to begin the treatment for the relief of those manifestations.

Clay Taylor comes here with gummata of the vocal cords. Clay Taylor is in a good state of general health. The iodide of potassium is recognized as one of the specific agents in the treatment of advanced stages of syphilis. The iodide of potassium is supposed to act in a double sense, the potash dissolving the fibrinous concretions, and iodine stimulating the secretory functions of the glandular organs. Therefore, this man shall have ten grains of the iodide in a tumblerful of water before each meal and at bedtime, every day for four days. If in that time he has not quite recovered, and no toxic effects of the medicine are present the dose shall be increased to fifteen grains; after a lapse of four more days the dose shall be increased to twenty grains, and so on, every four days adding five grains to the dose until the disease disappears or the toxic effects of the drug are produced.

It is quite time to begin medicating a man for syphilis when it shows some manifestation of its presence in the system, and perfect nonsense to be dosing him with supposed antidotes to the syphilitic poison when there are no manifestations of the syphilitic disease present in the system.

Many persons have been known to have chancres well characterized without subsequent constitutional phenomena. Many persons have been subjected to the so-called specific antidotal powers of mercury during the presence of a chancre, and for a period of two or three years afterward, and have then had the most fearful ravages of syphilitic osteitis. I know an instance of a steamboat pilot, who was the subject of this peculiar specific treatment by mercury for three years. The humerus of the right arm became necrosed; his general health failed, he went to bed, was confined for months, and had to submit to an amputation. A suit was instituted against two prominent practitioners for malpractice, and while no experts were summoned to testify on either side, the gentlemen were glad enough to pay five hundred dollars and have the plaintiff's petition dismissed. I merely allude to this to show you the dangers attendant upon the so-called specific antidotal treatment of syphilis by mercury.

If mercury fails when administered accord-

ing to the rules laid down, then mercury is not a specific. If it fails in the vast majority of cases then it should not be considered an antidote in any sense. If people have chancres followed by what is called secondary eruption, which runs a definite course and disappears in a certain time, whether the patient take mercury or not, then it is apparent that powerful drug should not be administered in the early stages of syphilis. If, however, plastic infiltration of any of the tissues take place, whether from syphilis or other causes, mercurial drugs are indicated, because of the defibrinizing powers they possess, and not because of any antidotal power to the syphilitic poison. Virchow's doctrine of hyperinosis is the key to the solution of the proper treatment of all that class of pathological conditions characterized by concretions of fibrinous material in any of the tissues. The carbonate of ammonia, were it not for its debilitating effects, would become at once the most valuable agent in the treatment of conditions like those from which Clay Taylor suffers.

Dr. Durkee, in his excellent work on venereal diseases, has called attention to the importance of alternating carbonate of ammonia with the iodide of potassium. This practice, it may fairly be said, is in full accordance with the most rational system of therapeutics. The value of quinine as an eliminating agent, which has the power to augment greatly the functions of the kidneys and the skin, should always be kept in mind; and in districts where malarial diseases are common, it will be found that whatever tends to debilitate the system will almost certainly lead to other malarial manifestations than those included in the list of fevers. It will be found also that quinine or some of the salts of the Peruvian bark become necessary adjuvants to the successful treatment of any sort of constitutional debility. It frequently happens that persons come to this clinic with the complaint that the eyelids can no longer be opened without the aid of the fingers. To prop them up, as it were, the mental faculties are disturbed, the patient is unable to walk in a straight line, but turns all the while to one side. Ophthalmoscopic examination often in such cases reveals an oedematous condition of the disc, with well-marked yellowish plastic deposit in its margins. Iodide of potassium in full doses has been found to afford complete relief if administered in the earlier stages of these manifestations. A notable case of this kind occurred recently, in a person who was not instructed as to the nature of his ailment, and who was ignorant of its cause. Relying upon the syphilitic character of the local manifestations in his eyes, iodide of potassium in full doses was given, gradually increased until all the symptoms disappeared, without any toxic effects of the drug becoming manifest. The gentleman inquiring as to the nature of his ailment, after recovery had been fully established, was told it was syphilitic. He stoutly denied any knowledge of syphilitic infection, and returned to his home rather indignant that he should be suspected of ever having suffered an attack of syphilis. Ten days afterward he wrote that when at college, forty-three years before, he had a troublesome form of skin disease, which baffled

the skill of the doctors, and which lasted for a long time; he afterwards had a sore tongue, from which he recovered, and for full thirty-nine years had enjoyed what appeared to be perfect health. Being further interrogated, he remembered that a few months before he went under the doctor's treatment at college he had a small sore in the meatus urinarius, which lasted a number of weeks and which was quite painful during micturition. It is fair to assume that this man had a chancre, that it was followed by the so called secondary eruption, that he afterwards had mucous patches on the tongue, and that this disease not being suspected he received no specific treatment, and that it finally disappeared in the ordinary course of its evolutions, and that it remained latent for thirty-nine years, again to show itself in the nervous struc-

tures, for this man had not only the disease manifested in the margins of the optic disc but he had evident syphilitic disease of the brain, as his intellectual faculties were greatly obtunded, and he no longer had the power of coördination which would enable him to collect his thoughts to pursue a continuous course of conversation, nor to walk in a straight line.

I hope, gentlemen, the case before you, with the remarks I have made, may lead you to adopt the course of treating syphilis when it is clearly manifest in some of the organs or tissues of the body, and of treating it according to its manifestations, and that you may be led to avoid those terrible mistakes which grow out of the erroneous idea that mercury or any other drug at present known possesses specific antidotal powers to the syphilitic poison.

EDITORIAL DEPARTMENT.

PERISCOPE.

Relation of Ulcerated Os to Pregnancy.

Dr. J. H. Bennett, narrates this case in the *British Medical Journal*:-

I was applied to in February, by a Polish lady, "to bring on abortion." She was thirty-six years of age, the mother of several children, and had nearly lost her life a year before, at Warsaw, from uncontrollable sickness and constant and profuse hemorrhage, during pregnancy. She had the best consulting advice to be obtained at Warsaw; and, after every ordinary means had been tried in vain, abortion was induced, at the end of the sixth month, to save her life, as she was rapidly sinking. She came south, partly to recruit. When she sent for me, she considered herself about three months gone, and had had bleeding for a month. Latterly, the loss had been hemorrhagic, and she was becoming anæmic. There was constant sickness, and she was blanched and weak. All these facts were placed before me by her relatives, and my assistance demanded on the lines laid down by her previous Warsaw physicians. I refused to accede to the request until I had ascertained that such a course was imperatively necessary, demanding an examination. This was allowed; and I found a hypertrophied cervix, with fungoid bleeding ulceration. These lesions were treated as described. In a fortnight, the bleeding ceased entirely; in less than a month the sickness had ceased; and in two she was quite well and in fair general health—five months gone in a then all but normal pregnancy; the fetus vigorous. She left me to go home, in this, state, in April, and has since been happily confined of a live, healthy child. Her obstetric physicians at home were much surprised at the treatment of her case, and at the results.

The existence of inflammatory lesion of the cervix or uterus, at the time of parturition, does not give the accoucheur any particular clue for any special treatment; but it prepares him for accidents. He should know that he has a bad

case in hand; that rigidity of the os; slow, painful labor; laceration of the cervix; hemorrhage, during or after parturition; adherent placenta; metritis; ovaritis; hemorrhagic; purulent; long-continued lochial discharges; in a word, a bad labor and a bad getting up may be expected, in the natural course of things.

Such women often do well, however, for two or three weeks after their confinement, and then flag, and become weak, feverish, and ill. Six weeks or two months after their confinement, their uterine condition should be carefully investigated; and, if any disease exist, it should be treated and cured before they are restored to their ordinary duties, as I stated at the commencement of this essay. By always following this course, when actively engaged in midwifery practice, I shielded my patients from the illnesses which often follow confinements. In ordinary practice, I believe the accoucheur takes leave finally of his patients three weeks after the confinement, and hears no more about them.

On the Pathology of Acute Periostitis.

Mr. C. T. Dent read a paper on this subject before the Surgical Society of London. He said that the exact relation which acute periostitis and osteo-myelitis bear to each other, as well as to the articular affections with which they are so often associated, have long been matters of dispute; so, also, have their effects with regard to the extent of necrosis which usually follow. French and German writers hold, generally, that total necrosis of the shaft will not take place unless osteo myelitis has been present, as well as periostitis. This view is not shared for the most part by writers in this country, and cases are on record where the removal of the entire diaphysis has been performed for the results of acute periostitis alone. The exact tissue where the changes commence in acute periostitis is also a subject of difference of opinion: some, German writers especially, hold that it commences in the outer cellular layer of the periosteum, and destroys the

fibrous layer by suppuration. This is, however, but one form of the disease frequently seen about the lower third of the femur, and also in true whitlow (panaritium periostale). More commonly it begins in the deeper osteogenic layer and raises up the periosteum from the bone. This may lead to osteo myelitis, and is sometimes, though not commonly, associated with affections of the neighboring joints. Acute idiopathic osteomyelitis, as a primary affection, is rare in this country. In examining microscopically the periosteum in a case of acute periostitis unaccompanied by osteo myelitis, the author found that the inflammatory changes were chiefly situated in the deeper parts; the fibrous layer was intact, though infiltrated, and new bone was developing in it. There was no active inflammation of bone or medulla; the changes observed in the latter, the author considered to be due to disintegration and breaking down of the tissues, owing to the cutting off of the vascular supply. The leg in this case had been amputated on the nineteenth day. Other specimens showed that the inflammation spreads from the outer to the deeper parts, chiefly around the smaller vessels. The author remarks that usually, no doubt, where these cases are met with, it is not uncommon to find periostitis, otitis, and osteo-myelitis all existing together, yet it is none the less important to distinguish them from each other, as far as possible, and also from the form of disease attacking the outer cellular layer of the periosteum, for when modified by early treatment, the ultimate results are very different.

Treatment of Simple Fractures and Dislocations of the Bones of the Leg and Foot by the Immediate Application of Plaster-of-Paris Splints.

Mr. John Croft lately read a paper before the Surgical Society of London, on the treatment of simple fractures and dislocations of the bones of the leg and foot by the immediate application of plaster-of-Paris splints (lateral). The author said that opportunity is taken by this paper and demonstration, first, to reaffirm that it is not only safe, but beneficial, to apply plaster-of-Paris splints (lateral) immediately for simple fractures of the bones of the leg and foot; second, to demonstrate the particular method of applying these splints, and how quickly and easily they may be put on; and thirdly, to elicit observations on the practice at the various hospitals with regard to the immediate treatment of fracture of the leg and foot. The author's experience, of five years' duration, is decidedly in favor of covering the injured or swollen part immediately. Only the most severe cases of contusion and subcutaneous laceration are excepted. The special advantages claimed for these splints, as made and used for the author at St. Thomas' Hospital are—uniform pressure; complete fixation of the broken bones and injured muscles; perfect adaptation to the limb and maintenance of extension; diminution of risks of pressure, sores, pains, or excoriations; diminution of risks of delayed union; facilities for quick removal and re-application; comfort to the patient; freedom of movement allowed to the patient; simplicity and cheapness; economy of time and trouble. The author

desires to popularize the use of these splints because he has found them, during five years' constant experience, of great benefit to patients, attendants, and surgeons. From statistics supplied by Mr. Battle, the present Registrar at St. Thomas' Hospital, it appears that during the years 1875 to 1880, inclusive, a total of 717 fractures of the leg were treated at the hospitals, and of this total 498 cases were treated by the immediate application of plaster-of-Paris apparatus, and 98 cases by splints first and plaster-of-Paris later, 118 by splints only, and 12 by other methods. During 1875, out of 97 cases of fracture, 19 were treated by plaster-of-Paris apparatus. In 1880, out of 131 cases, 123 were treated by the immediate application of the plaster splints. In the intervening period the numbers had rapidly increased from 19 to 51, to 84, 96, 125, and 123. *Pari passu*, the treatment by splints only had declined in favor; in 1875, 63 were treated by splints, but in 1879 and 1880 only 2 and 7 respectively. This may be regarded as strong testimony in favor of plaster-of-Paris apparatus. All the cases may not have been treated by Mr. Croft's particular method. In his own words his particular plan has been persistently pursued. No disasters or evil consequences have been reported, though during the six years he has been assisted by as many as twenty-six house surgeons and forty dressers. He thinks the average stay of patients in the hospital has been shortened by this plan, but he could state positively that the cure has been materially hastened by it.

The Treatment of Ranula.

An important discussion recently took place before the Société de Chirurgie on the treatment of ranula, in which nearly all the members took part. M. Deleus recited a case in which the cyst was excised and cauterized, but at the end of two months it returned. This fact, he believed, resulted from the migration of the sublingual ranula through the muscular fibres of the floor of the mouth and developing a cyst in the buccal cavity. M. Trelat for many years excised with the scissors in the case of small ranulae, and where they were more voluminous he treated them by puncture and the injection of iodine. M. Després treated every kind of ranula by the drainage, and always with success. M. Verneuil observed that he tried many methods in the treatment of ranula, but with varied success. He adopted the plan of slow section, for which purpose he passed a curved needle charged with a double thread of silver wire through the cyst, and united both ends in a firm knot. In five or six days the section was effected. M. Labbé did not doubt the success obtained by M. Després by his method, but he considered that to keep a seton in the mouth for six months to cure a ranula constituted a veritable infirmity. M. Després, in replying, said that he never knew a patient to complain of it. M. le Dentu said that M. Augur employs the injection of two drops of chloride of zinc in the deliquescent state into the cyst without previously evacuating it. This treatment always succeeds; there follows a sharp inflammatory reaction, but it is by no means dangerous. The inflammation subsides in five or six days, and at the end of

ten days the cure is complete. For small ranulae one drop of the liquid suffices, and if the cyst is very voluminous it is preferable to draw off a little of the contents before introducing the chloride of zinc. M. Gillette could not agree with M. le Dentu in considering that chloride of zinc was not attended with danger and that it was always successful. He had seen M. Augur, at the Hôpital Beaujon, inject three drops, and the pain was so intense that the patient tried to jump out of the window; and after all the cyst returned and was eventually excised.

Spasm of the Oesophagus.

The following case of oesophageal spasm is narrated in the *Lancet*, by Dr. Moorhead:—

On April 26th, at 9.30 p. m., I was summoned to attend a gentleman, over sixty years of age, who had been suddenly seized with obstruction of the oesophagus, which completely barred the passage of any food, solid or liquid, into the stomach. On my arrival, I was informed by my patient, who seemed in excellent health, that about 8 p. m., at the close of dinner, he inadvertently swallowed a piece of meat imperfectly masticated, which did not enter the stomach, but lodged in the oesophagus near its cardiac extremity. This was recognized by the sense of oppression which immediately ensued in the lower dorsal region. A glass of sherry was at once swallowed, in the hope of facilitating the removal of the obstruction, but it was of no avail. Then some water was taken which was not only ineffectual, but immediately developed hiccough, terminating in speedy rejection of all the liquid imbibed.

With regard to treatment, I first used the probang, pushing it down to its utmost extent, but without any benefit. I then employed a bougie of the largest size, which I believe effected an entrance into the stomach after encountering some resistance near its cardiac orifice. When the instrument was withdrawn, however, and liquid swallowed, there was no passage, and the fluid was brought up in a few moments. The conclusion arrived at, therefore, was, that though the foreign body was removed, the oesophagus was completely closed by spasm; or, in other words, that the case was then one of spasmodic stricture of that tube. Perfect quietude was enjoined, while a small draught containing thirty minims of laudanum was prescribed.

April 27th. At my visit at 7 a. m., I found that the opiate had been rejected, and that there was total obstruction. After another unsuccessful trial of the probang and bougie, I administered a quarter of a grain of morphia hypodermically, applied a warm bran poultice to the lower dorsal region, and advised small pieces of ice to be swallowed frequently.

It was then decided to discontinue further surgical interference, and to pursue only medical treatment. With this in view the liquid extract of belladonna was brushed freely over the spine, in the dorsal region, while ten minims of the tincture of the same drug was administered in teaspoonful doses every four hours. This treatment was continued until about eight o'clock in the evening, when, on swallowing several small pieces of ice in rapid succession, it was found they were no longer re-

jected, and that some ice cream freely entered the stomach. Shortly afterward the patient was able to regale himself with half a pint of soup. From this time the dysphagia entirely ceased, leaving only a little mucous irritation of the canal, which, however, rapidly subsided.

The Sorghum Vulgare, or Broom-Corn Seed, in Cystitis.

Dr. Y. P. Garnett, of Washington, D. C., says, in a communication to the *American Journal of the Medical Sciences* for July, 1881:—

As far back as 1860 I was induced to try the broom-corn seed in cases of cystitis, both chronic and acute, at the suggestion of those who had seen it used with great reputed benefit among the plantation negroes of Maryland and Virginia. The mode of administration practiced by them was in the form of a decoction of the seed, made by boiling two ounces of the seed in a quart of water down to a pint, and requiring the patient to take the whole of this pint during the twenty-four hours. It was alleged that a perfect cure could be effected in the space of ten days usually, by the use of this remedy alone. My experience, however, failed to sustain these extraordinary claims for its specific virtues, but satisfied me that it possessed undoubted merits in both the acute and chronic forms of simple cystitis. This opinion I verified by the results of numerous cases treated with the broom corn at that time. Owing, in part, to the exciting events and disorganizing influences at work in Washington immediately preceding the war, I failed to preserve any record of these cases. Within the past year I have had repeated opportunities of testing the value of this remedy in cystitis.

In conclusion, the doctor gives the history of four of his most recent cases in which marked improvement followed its use.

Structural Changes in Exhausted Muscles.

The histological changes produced in muscles by over exertion have been recently studied by Dr. Otto Roth at Heidelberg. The method employed, as given in the *Lancet*, was repeated electrical stimulation, in most cases a weight being attached to the muscles, and the stimulation continued until the muscles ceased to respond. The chief alteration found was the granular degeneration in small areas, described long ago by Du Bois Reymond as occurring under similar conditions, and also the peculiar vitreous or waxy change in limited spots, which has before been described by Kronecker, and which was found by Rokitsansky and Zenker in the muscles of patients suffering from typhoid fever, by Hayem in smallpox, and by Friederich, Charcot, and others in progressive muscular atrophy. Gussenbauer and Waldeyer, however, have ascertained that this change may be produced by simple injury to the muscular fibres. It is highly probable, therefore, that its occurrence in exhausted muscles is simply the result of the muscular fibres being torn by the tension to which they are subjected exceeding their elasticity. This affords support to the view of Neumann, that the rupture of the fibres in typhoid is the

cause, and not the effect, of this peculiar degeneration; the rupture being really due to muscular effort and the friable state of the muscles. A curious fact incidentally ascertained in these researches was the extreme reflex excitability developed in the rabbit by exhaustion of a few muscles. After a single limb had been experimented upon, the general reflex irritability became so intense that a touch on the back of the neck caused violent opisthotonos.

The Formation of Trichinæ Cysts.

The mode of formation of the cyst of trichinæ has been studied by M. Chatin, and described in a communication to the Académie des Sciences. It was formerly said to be formed partly from the contractile tissue, and partly by a secretion from the nematoid, but this opinion was based only on some apparent differences in the thickness or aspect of the cyst wall, and not on any careful study of its formation, which necessitates the examination of animals dying or killed in different stages of the affection. When it arrives in the muscles the worm forms adhesions with the interfascicular tissue, in which rapid changes occur. The elements increase in size, and during the growth of the protoplasm it assumes the appearance of an amorphous mass, in which, however, nuclei and vacuoles can be seen, which seem to indicate that the mass consists really of aggregated cells. By the growth of this the primitive fibres are compressed. In the new protoplasm fine proteoid granulations are first observed, and then other granulations which present all the reactions of glycogen. Then follow important changes in the periphery of the granular mass, containing the trichinæ, now curled up in the interior; the outer surface becomes distinctly thickened and indurated, and may then become lamellated or present granulations or folds. The sarcolemma takes no part in the formation of the cysts except occasionally furnishing it with a purely adventitious layer. Moreover, when the nematoid contracts its first adhesions to the sarcolemma, and not to the interfascicular tissue, it rapidly dies without determining a new formation.

Why Does Bovine Virus Fail?

The causes of failure in using bovine virus are thus set forth by Dr. Bessey, in the *British Medical Journal* :—

A primary vaccination can alone be accepted as a fair test of the activity of any virus. Secondary vaccinations cannot be considered; they may or may not prove successful. A successful vaccination can only be defined to be the reproduction of one or more characteristic cow-pox vesicles on the subject; and if the virus be very active, numerous vesicles may appear over the body at points distant from the point of infection, all of which will be characteristic, and run the regular course. This extra eruption is a common sequence of vaccination with good active heifer-lymph. All beginners find the same difficulty in the use of animal-lymph, unless care be taken by the propagator to produce lymph easily absorbed, and in this way to provide against failure. Failure with animal lymph may be ac-

counted for in three ways. 1. It may be the fault of the operator, and not of the lymph, failure being due to want of skill or to carelessness in its use. 2. It may have been imperfectly preserved; it is rigid in its demand for care in this matter, and must be preserved in a cool, dark, dry place; it cannot be kept too cool. 3. The method adopted in collecting it may be imperfect. It should be taken from well formed characteristic vesicles only; but a difference requires to be made between the collection of lymph to be used on the human subject and of that intended for animal propagation. For the latter use, it must be allowed to mature fully, in order to prevent degeneration; but for the former use, owing to the quantity and greater viscosity of the bovine albumen over the human, it is necessary—to secure absorption of the virus by the human vessels, which have not the capacity of the animal—that the lymph be extracted from the bovine vesicle at an early stage, or while the lymph is thin and watery, or before it has become too viscid. The results on the human subject are equally satisfactory, and I do not have one failure in a hundred since adopting this precaution.

Rupture of the Bladder from Muscular Exertion.

Two cases illustrating this rare accident are quoted in the *London Medical Times and Gazette*, from a St. Petersburg Journal :—

The subject of the first case was a man, thirty-two years old, who, while removing a heavy sack of flour from a railway platform to a cart, was seized with a violent pain in the hypogastrium. Trying some time after to make water, he only passed a few drops of blood. He came to the hospital on foot two days afterwards. His pulse was then 88, and his temperature 37.7° C. There was great tenderness in the hypogastrium, and a catheter only withdrew a few drops of blood. His general condition, and the apparent absence of any cause for it, prevented the diagnosis of a ruptured bladder, which the local symptoms would have justified. He soon, however, became much worse, and died on the sixth day after the accident, without having passed a drop of urine. The autopsy exhibited recent general peritonitis, and a rupture, two centimeters and one third in length, at the upper part of the posterior wall of the bladder, a little to the right of its apex. The second case occurred in the person of a man, forty years of age, who, two days prior to admission, had been seized with a violent pain in the hypogastrium, while endeavoring to raise a very heavy burden. He died on the sixth day after the accident. Peritonitis with purulent exudation was found, together with a rupture, three centimeters in length, at the right side of the posterior wall of the bladder, about two centimeters from the apex. The mucous membrane of the bladder was quite normal in appearance, and no trace of coagulum was found within the organ or in its vicinity. Of the urine, which, during life, had in both cases collected in the right hypogastrium, there was but little found after death, it having evidently become diffused by the intestinal movements. The local tenderness in that region became less concentrated in that spot.

REVIEWS AND BOOK NOTICES.

NOTES ON CURRENT MEDICAL LITERATURE.

—Dr. William C. Wile sends us, in a reprint from the *American Journal of Obstetrics and Diseases of Women and Children*, for July, 1881, a valuable contribution to the history of hydrocele in the female.

—Post-partum Atrophy of the Uterus, is the subject of a paper by Walter Coles, M.D., which was read before the St. Louis Obstetrical and Gynecological Society, May 19th, 1881, and now comes to us in the form of a reprint from the *St. Louis Courier of Medicine*, for August.

—The question whether all anæsthetics which contain chlorine, bromine or iodine are dangerous, is learnedly discussed in a paper by Dr. Edward T. Reichert, of Newark, New Jersey, which comes to us in a pamphlet extracted from the *American Journal of the Medical Sciences*, for July, 1881, and in which the author comes to the conclusion that the dangerous properties, if not the degrees of potency, of anæsthetics, are decidedly enhanced by the addition of either of the halogens, and it is not at all improbable that these ethers are mostly loosely molecular compounds, some of which are more readily decomposed in the system than others, and that their degree of dangerousness, *cæteris paribus*, depends upon the relative amount, and relative physiological power of either of these halogen principles which enter into the composition of any one of them, and upon the degree of fixity of the molecules.

BOOK NOTICES.

Landmarks, Medical and Surgical. By Luther Holden, Ex-President, Member of Council, and Member of the Court of Examiners of the Royal College of Surgeons of England; Consulting Surgeon to Saint Bartholomew's and the Foundling Hospitals; assisted by James Shuter, M.A. Camb., F.R.C.S., Assistant Surgeon to the Royal Free Hospital, etc. etc. Third Edition. Philadelphia: Presley Blakiston, 1881. Cloth, 8vo. pp. 73. Price \$1.25. To the student, or young surgeon, this is practically a most useful little book. Its title explains fully what the work is, and what it is intended to accomplish, viz., to point out such surface marks, lines, eminences, depressions, etc., as will serve as guides to, or indications of, deeper-seated parts. Diagrams have not been

introduced, as the author is fully convinced that they would frustrate his original object, which he informs us is "to teach students the habit of making the eye and the hand work together, and to educate the touch upon the normal living body." We heartily recommend this work to all students and young practitioners, for whom it has been written, and who by its aid will readily be able to make thorough and intelligent examinations, or in surgical operations to cut down upon any part with confidence.

The First Annual Report of the State Board of Health of New York. Transmitted to the Governor, December 1, 1880. Albany: Weed, Parsons, and Company, Printers, 1881. pp. 203.

This volume contains, in addition to the regular report of the Board, which comprises the history of its organization, its by-laws and standing committees, reports of meetings and discussions on health laws, registration and the Bureau of Vital Statistics, the local sanitary government, preventable and prevalent diseases, purity of water supplies, etc. etc., together with special reports of the various committees, and an able discourse by the Hon. Erastus Brooks, on "What the State owes to the People," also full reports of the principal prevalent diseases; diphtheria, dysentery, malarial diseases, and smallpox. The report shows evidence that valuable work has been done by the Board during the first year of its existence.

Transactions of the American Dermatological Association, with the President's Address at the Fourth Annual Meeting, Newport, R. I., August 31 and September 1 and 2, 1880. Official Report of the Proceedings, by the Secretary, Dr. Arthur Van Harlingen. Philadelphia: 1881. pp. 84.

Besides the president's address, to which we have previously alluded elsewhere, a number of valuable papers, evincing great activity among the members of this Society, were presented and read. Among these, we notice, "Medicinal Eruptions," by Dr. Arthur Van Harlingen; "Ainhum" by Dr. Da Silva Lima, of Brazil; "Tumors of the Skin," by Dr. Charles Heitzman; "Papilloma Cutis," by Dr. W. A. Hardaway; "Herpes Progenitalis," by Dr. B. F. Greenough, and several others, among which the Report of the Committee on Statistics, by Dr. James C. White, who furnishes a valuable Report on Leprosy in the United States. We expect great and good results from the unparalleled energy with which this Association is pursuing its investigations.

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PRACTICAL ETHICS IN THE PROFESSION.

The practice of medicine has always been classed among the *professions*, that is, it is a business that required a learned education in order to undertake it. It is also generally claimed that a profession is something higher than a *business*, and considerably above a *trade*. But to make such a claim good, the profession ought in itself to be in a general way improving to those who pursue it, as well as to those for whom it is carried on. It is a grave question whether this can be asserted, without qualification, of the practice of medicine. To be sure, we often hear of how "ennobling" is the relief of suffering, of how grandly humanitarian is the labor of the physician. But perhaps these expressions are but part of a system of pleasant flattery from outsiders and of self-deception from within.

Victor Hugo, in one his novels, makes a worldly diplomat say to a clerical dignitary that when a bishop and a senator meet they can well afford to wink at each other and to speak the

truth. Each, he intimates, is so conversant with shams that it is needless to maintain them as against one other.

So, perhaps, between a medical journalist and his readers, the wink may, for once, be passed, and a little truth telling about the profession be indulged in. We shall, however, merely repeat two conversations we recently took part in, and rather leave to others the reflections to be made upon them.

One was with a prominent manufacturer of surgical instruments. At one time he had been in another manufacturing business, and his general mercantile knowledge of men is extensive.

"Doctor," he said, "what an enormous number of unreliable men there are in your profession! What little respect they have for honest dealing! I have dealt with many classes of men, but with none so unreliable as physicians. They respect their promises less, and they keep their engagements more negligently. I have known them to deny their own signatures on orders, and when they had to acknowledge it, they resorted to artifices to avoid paying their debts and fulfilling their just contracts. I have six thousand dollars worth of orders on my books long past due; in many instances I have been requested to send goods C. O. D., and when they arrived the consignees refused to receive them, and I have paid expenses both ways. I now rarely give credit, as long experience has taught me that in a large proportion of cases I should get nothing."

To this effect spoke the merchant, evidently feeling unpleasantly after his commercial experience with the profession. We, of course, could not dispute his facts; but we pointed out that very many men in the profession were no better than strangers and aliens in it; fellows who had crept in at the window and not come in at the door; irregulars, quacks, humbugs, and ignoramuses, whom no one wanted to drive out of it more earnestly than the real graduates, the genuine doctors of the "regular and scientific" school.

Some days after we repeated this conversation to a physician of a neighboring State, who for

nigh a score of years has had a living practice in a country town. He is one of those men who call things by their names, and uses words not to darken knowledge but to let his hearers know his opinions. What was our surprise when he exclaimed:—

"Your instrument maker was entirely right, and I should like to ask how it can be otherwise? The whole practice of medicine is based, to a certain extent, on deception, and these base arts poison a doctor's mind and destroy his sense of honesty.

"You are called to a patient: in nine cases out of ten you have to deceive him or the family, or both. You represent that the disease is more serious than it is, in order to get more credit for its cure; or you pretend there is no danger, lest you create alarm, when you yourself are quite uneasy about it.

"Again, you are constantly asked by your patients and their friends numbers of questions which you cannot correctly reply to, because you do not and cannot know the answers. But you must not confess ignorance, nor even doubt, or else you are reported as a dull fellow at the corner grocery and the sewing circle. No, you answer positively and promptly, though you are lying, and you know it.

"Your competitors pretend to knowledge which they do not have; you must do the same, or else you lose business, through unfavorable comparisons.

"You are called in to help some friendly doctor out of a scrape. You do it through a series of deliberate deceptions practiced upon the patient and the family.

"A mother insists you must prescribe for her children when it is clear they need no medicine. You write, for a placebo, mint water, colored and sweetened, and you give minute directions about administering it. You do your duty by your patient, but you have acted a lie, and your moral nature suffers for it.

"You cannot be expected, when you are in active practice, to know every new-fangled instrument and remedy that comes out; but to hold your own you are often obliged to pretend

to do so, or else run the risk of being crowded out by some new-fledged graduate.

"The charge was, that Doctors do not pay their debts. What wonder, when they themselves are cheated out of half or a third of their earnings? People will not pay them; the doctor's bill is left to the last; it is paid grudgingly, and often most ungratefully. How can a man help becoming callous to his obligations to others when he is thus treated, year after year? Probably there is no business in which the meanness of mankind is brought home more directly to the mind than in this of ours. Who can expect us to rub against this filth for years and not be defiled?

"If physicians, in short, become habitual liars, I don't see how they can be expected to be anything else."

With this bitter reflection on the present method of medical practice, he closed.

It did not seem worth while to object that his experience had been as unusual as it was unfortunate; nor to quote some of the common places about the nobleness of a class devoted to the relief of suffering; nor to indulge in the cheap exhortation to be in the world, but not to touch the sin of the world.

All these suggestions we knew were not novel to our friend, nor would they have been useful to him. We prefer to leave the matter for our readers to think over, just as he put it.

SENTIMENTALITY ABOUT VIVISECTION.

That pleasant French traveler, HENRI HAVARD, tells us that on his first visit to Holland he used to see quite often the heavy barges called *trekschniten* dragged along the canal by a big dog and a woman, harnessed to the same rope, while the man steered. On a later voyage he missed the big dogs and saw only the woman, or perhaps two women, tugging at the heavy boat. Informing himself as to why this change in the habits of so conservative a race as the Dutch, he learned that the local Society for the Prevention of Cruelty to Animals had secured the passage of an act prohibiting the harnessing of dogs; so the women had to do it all themselves!

In similar style, the anti vivisectionists of England and this country are striving to prevent some very few of the lower animals from being used for the purposes of science, when the inevitable consequence of their success would be that the progress of medical knowledge—which means the relief of pain, the restoration to health, and the preservation of life—would thereby be retarded.

An organized effort has been made in England to have an act passed, absolutely prohibiting the use of animals for physiological demonstrations and investigations. How little occasion there is for any such measure is shown by the returns made to Parliament of the number of experiments performed on living animals during the year 1880, by medical men and others licensed under the Act. The experiments were in most cases performed at laboratories connected with the universities in England and Scotland, or at hospitals or veterinary institutions. The experiments numbered 311, of which only 114 can have been the cause of any pain, and of these all but seventeen were of a kind involving no more pain than is experienced by ordinary vaccination. The painful part of the proceeding in the seventeen cases involving pain was made under anesthesia, and no appreciable suffering can be said to have been inflicted beyond confinement until the wounds healed, or until the animals were killed. The most important results have been acquired in the elucidation of at least one obscure and fatal disease (anthrax), which attacks sheep and cattle, and also persons engaged in wool-sorting.

It has been easy to obtain, there as here, the sympathy and countenance of various distinguished persons who know nothing of the purposes for which vivisections are essential, and whose feelings are readily worked upon by harrowing descriptions of sufferings, for which the professional philanthropist does not scruple to draw altogether upon his imagination.

There is also a party in this country who are anxious to carry the protection of the lower animals to the same extreme. They would apparently sacrifice the upper to the inferior species,

in their zeal for a favorite hobby. Such persons can find ample scope for their energies in ameliorating the condition of brutes without encroaching on that part where they subserve a most useful purpose for the human species.

NOTES AND COMMENTS.

Therapeutic Notes.

NAPHTOL IN SCABIES.

Prof. Kaposi uses:—

R. Naptoli,	15 parts
Axungia,	100 "
Saponis virid.,	50 "
Cretæ præcip.,	10 " M.

It is said to cure rapidly, both the scabies and the consecutive eczema.

CHRONIC ULCERS.

Dr. L. A. Davidson, of West Va., writes us that he cured an ulcer of 32 years' standing, by the application of the following:—

R. Acidi tannici,	3j
Glycerinæ,	3ij
Extract. pin. canad.,	3iv. M.

To be applied on absorbent cotton.

OTORRHOEA.

For otorrhœa where there are no osseous lesions, Dr. Brisson (*Paris Medical*) recommends

R. Chloral hydratis,	gr. xlv
Aluminis sulph.,	gr. lxxv
Aquæ destil.,	3ij. M.

A few drops, warm, in the ear, five times a day.

This local treatment should be supported by such general measures as are indicated.

RELIEF OF CANCER PAINS.

Dr. Auger (*Union Médical*) uses:—

R. Atropiæ sulphatis,	gr. j
Aquæ destillat.,	3ij. M.

He states that this solution, applied by means of a compress wetted with the solution and covered with oiled silk or gutta-percha, gives considerable relief to the pain of cancer, without causing symptoms of absorption, such as dilatation of the pupil or dryness of the throat.

ULCERATION OF THE OS.

In hyperplastic swelling of the vaginal portion, and in follicular ulcers of the os, Dr. Kisch, of Berlin, has derived great use from it (*Berliner Klinische Wochenschrift*, No. 42, 1879). He employs—

R. Iodoformi,	3j
Glycerinæ,	3x
Olei menthæ piper.,	gtt. vi-x. M.

Shake well together. Steep a plug of cotton wool in this and apply to the vaginal portion.

The Medical Therapeutics of Gynecology.

Dr. J. H. Buckler made a trenchant statement, last year, in the *Boston Medical and Surgical Journal*, which should be impressed on practitioners. He said: "Nothing has been done in the past thirty years to teach the value of internal remedies in affections of the womb. Plenty of steel is used, but in a very compact form and having a very keen edge. Dr. Tilt has published a volume on Uterine Therapeutics, but it is disappointing to find that, beyond giving a list of remedies and speaking in general terms only of their therapeutic qualities, little is said about surgery and topical applications. There are many good gynecological surgeons, but no therapist capable of diagnosing and treating uterine affections without a resort to the knife has yet appeared. A surgeon in Paris probed the wound of a man who had shot himself through the brain with a large pistol ball. The charge for the operation was, say, six thousand francs. The executors protesting, he said, "Had I written a prescription for the late Mr. C., my charge would have been ten francs; but when we take up an instrument and use it, the patient or his estate is expected to pay liberally."

These criticisms are well deserved, and it is appropriate to mention in this connection that a second edition, thoroughly revised and much enlarged, of the *Modern Medical Therapeutics of Gynecology and Obstetrics*, edited by Dr. Atkinson, is now in press and will be issued in the early autumn. It is a work which precisely fills the gap to which Dr. Buckler alludes.

Transfusion in Profuse Menorrhagia.

Mr. T. Whiteside Hime has performed this operation with success in a sterile married woman, aged 35 (*British Medical Journal*). Menorrhagia had existed for five years, commencing from fatigue and severe shock during a catamenial period. The anemia was very marked; the cervix uteri was conical, the os narrow; it was incised and the uterine cavity painted with a strong solution of perchloride of iron, but with little good effect. Mr. Hime drew six ounces of blood from the patient's husband, and, using a special transfuser, introduced the blood through the patient's medio-cephalic vein. During the process her breathing stopped; a drachm of ether was immediately injected subcutaneously, and artificial respiration employed; she rallied, and the transfusion was completed. This was done in November, 1878; since then menstruation has never been excessive. The transfusion was indi-

rect, the blood being first whipped and defibrinated in a warm vessel, then strained into the apparatus, which is double-chambered, so that the blood may be surrounded by hot water. The blood runs, by gravitation, out of the apparatus, through an elastic tube, into the vein. The apparatus is very cheap and cannot easily get out of order.

Elimination of the Pancreas.

Trafoyer published a case where the pancreas was eliminated by stool, the individual recovering. Chiari, in the *Wien. Med. Woch.*, 1880, publishes two new cases.

An individual, 38 years of age, suffered from violent pain in the epigastrium, with vomiting; after a few days' remission, he presented all the symptoms of intestinal occlusion, no purgative having any effect. Finally, after a period of alternating diarrhoea and dysentery, the patient found one day in the discharge a cylindrical mass about thirteen centimeters long, which M. Chiari recognized as a part of the pancreas, still having its excreting duct. This mass must have passed by perforation, from without inward, either into the intestinal canal or the stomach.

At the autopsy of a woman who had presented signs of generalized peritonitis, the pancreas was found in the midst of a purulent mass; the middle portion of the duodenum was perforated from without inward, as also the transverse colon. There had been abundant hemorrhage from the ulcerated pancreaticoduodenal artery. No cause could be assigned for these accidents.

Koumiss from Mare's Milk.

The ordinary koumiss, it is well known, is made from cow's milk. This, said Dr. Carrick, during a recent discussion in Edinburgh, is not real koumiss, but fermented cow's milk, which might be valuable in gastric, anæmic, and some wasting diseases, but is of little use in phthisis. Experiments made with it show that it is not so palatable, and apt to cause indigestion if taken in the large quantities that the fermented mare's milk had to be taken in. The best effects of the koumiss cure are got, not only by taking the remedy itself, but by going to the Russian steppes to partake of it there. He was happy to say that he had been making experiments on a small scale, in the way of condensing the koumiss, and they had been very successful. He had some of the condensed article in Edinburgh, which he had made last autumn, and which was still perfectly fresh.

Palliative Treatment of Anal Fistula.

In cases where patients refuse to submit to forced dilatation of the anus, the most rapid and efficacious means of curing anal fistula, M. Mascarel (*France Médicale*), proposes the following course of treatment, which has often proven successful:—

1st. Each day administer an enema of tepid water containing a tablespoonful of glycerine.

2d. After each passage from the bowels introduce into the same a small roll (*mèche*) of charpie, well spread with the following ointment:—

R.	Ol. amygdal. dulc.,	3 ij	
	Glycerine,	3 ij	
	Ung. altheæ,	5 ij	M.

3d. Before introducing the charpie into the anus anoint the parts just about with a thick layer of the ointment.

4th. If there is constipation, give daily five centigrams of powdered belladonna root. The fistula is generally cured after three or four weeks of this treatment.

Successful Transplantation of Human Bone.

The *Glasgow Medical Journal* informs us that at the meeting of the Pathological and Clinical Society of that city, April 12th, 1881, Dr. William Macewen showed a patient on whom transplantation of human bone had been performed, whereby over two-thirds of the shaft of the right humerus had been restored. The grafts were taken from six wedges of bone removed from limbs of patients affected with antero-tibial curves, and were reduced to very small fragments previously to insertion. The patient was formerly shown to the Society after the first graft had been completed, when there was a restoration of the upper part of the shaft, to the extent of one inch in length. Now, the shaft was completely restored, and the right humerus only measured one half inch shorter than the left.

Delivery in Placenta Prævia.

In a recent discussion at the Obstetrical Society of Edinburgh, Dr. Macdonald said that in dealing with placenta prævia a man must act according to his light and with the materials before him. The more he saw, the more he was satisfied that if the case is seen in time, and the hemorrhage goes on, we ought to go on at once to delivery, because waiting for dilatation or till the full time of labor is a serious risk. Barnes' dilators can be passed through a very small os. He had seen plugging on many occasions, and he did not think we could rely on it to any great

extent. There is no treatment for placenta prævia but delivery. Of all the methods of doing this, the use of Barnes' dilators, with delivery as soon as possible, is the best.

Relief of Pains in Locomotor Ataxy.

For the relief of these, Prof. Vulpian recommends that compresses of many folds, after having been immersed in water and wrung out, should be moistened with a teaspoonful of chloroform and then applied to the painful parts and covered with oiled silk. They produce both a revulsive and anæsthetic effect, which relieves the pain. We may employ them also, or have recourse to chloroform ointment, in the case of neuralgia of nerves situated superficially, and in muscular rheumatism. If the cold of evaporation is sought to be obtained for local anæsthesia, ether should be substituted for chloroform.

The President's Condition.

The condition of the President at the time of our last issue was so grave that few entertained any hopes whatever of his living through another week. The great diminution in weight, amounting, it was estimated, to two-fifths of his weight when wounded, was, of itself, an almost certain ground for the most unfavorable prognosis. Nevertheless, there was a reaction from the extreme exhaustion early in the present week; food of a semi-solid character was desired by him, and given in small quantities; there was less delirium, and the rest was better. This improvement continues up to the time we write this, and the attending surgeons express themselves more decidedly in favor of his recovery than at any time for a fortnight. Of course, such an improvement may be temporary only, but it gives a chance, which we are gratified to believe will lead to confirmed hope.

SPECIAL REPORTS.

NO. XVI.—MIDWIFERY.

What may with propriety be called the leading question of the day in this department of medical art is the use of

Antiseptics in Labor.

The literature on the subject is already, especially in Germany, by no means inconsiderable. Antiseptics and disinfectants have long been employed in obstetric practice; but of recent years, since the introduction of antiseptics by Mr. LISTER into surgical practice, much greater attention

has been paid to their systematic use in our department. In Copenhagen, Germany, in Switzerland, especially Basel, in Paris, in London, antiseptic precautions have been employed to ward off what is the scourge of our lying-in hospitals.

It is at least twelve years since BISCHOFF, impressed with a visit he paid to Mr. LISTER in Glasgow, returned to Basel, and set himself to carry out antiseptics in the lying-in hospital there, with the most gratifying results.

Since then it has been adopted with enthusiasm by Prof. WINCKEL, in Dresden, Von WEBER, in Prague, KUSTNER, in Jena, HOFFMEIER, of Berlin, etc., and has now or quite recently returned to the British Isles with renewed impetus. To give a complete idea of what it is we must quote in full the rules adopted in the Maternity Hospital, Edinburgh. They are as follows:—

RULES TO BE OBSERVED BY STUDENTS.

1. No student shall be allowed to visit the hospital who is engaged in the dissecting rooms, or in attending post-mortem examinations or infectious cases, either in hospital or dispensary practice.

2. No student shall examine any patient in the hospital, in any way whatever, except in the presence of the ordinary physician or the resident medical officers.

3. Before each per vaginam examination the student shall thoroughly wash his hands in carbolic wash (1 in 30).

4. In all vaginal or uterine examinations 1 in 20 carbolic oil shall be used for lubricating the fingers.

5. Each student, on entering the hospital daily, shall sign the album.

RULES TO BE STRICTLY OBSERVED BY NURSES.

1. *Washing Hands.*—No nurse shall touch, or make any application whatever, to the genital organs of a patient, without having first thoroughly rinsed the hands in carbolic wash (1 in 30).

2. A large bottle, containing a solution of 1 in 30 carbolic acid, and a small bottle of carbolic oil (1 in 20) shall permanently stand on the table in every ward and delivery-room.

3. *Diapers.*—Each diaper, on removal from a patient, shall at once be taken out of the ward or delivery-room, downstairs to the wash house, and then placed in a tub containing carbolic wash.

4. Each diaper shall be washed, boiled, and dried by the laundress.

5. Immediately before application to the patient's genitals, the nurse in charge of the case shall soak the diaper in 1 in 20 carbolic wash, and afterwards dry it, or apply it wet, according to instructions.

6. *Catheters, Vaginal Tubes.*—All catheters and vaginal tubes shall be kept, when not in use, in carbolic oil (1 in 60).

7. Before using a catheter, the nurse shall dip her fingers and catheter in carbolic oil (1 in 20).

8. After use, she shall wash the catheter in

carbolic lotion (1 in 20), and then replace it in carbolic oil (1 in 60).

9. *Syringes, Sponges.*—All syringes and sponges, when not in use, shall be kept in carbolic wash (1 in 30).

10. Before using a syringe, the nurse shall lubricate her fingers and the vaginal tube of the syringe with carbolic oil (1 in 20), and see that air is carefully expelled.

11. *Washing and Syringing.*—All washings and syringings, when such are required, shall be done with a solution of carbolic acid (1 in 60).

12. All the Mackintosh sheets shall be thoroughly washed in carbolic wash.

13. *Dirty Sheets.*—All dirty sheets shall be promptly removed from the ward or delivery-room, to be cleansed.

14. *Deaths.*—On the death of any patient, the body shall at once be removed to the mortuary, outside the hospital.

15. *Visitors.*—No visitor whatever shall be allowed admittance to the hospital, unless provided with a special pass from the resident medical officer on duty.

Of course, it is out of the question to carry out such minute attentions in private practice. The antiseptic precautions here must necessarily be much more lax. Still it is possible to have them; and in the *Edinburgh Medical Journal*, June, 1881, Dr. D. B. HART gives what he thinks is the model, practical, antiseptic method in private practice:—

The obstetrician, in all the ordinary manipulations necessary in a normal confinement, should keep the prevention of the access of air ever before him. Let me briefly sketch, then, what would be my ideal of a labor conducted intelligently and in accordance with natural facts. The parturient woman is in a private room, with pure air and perfect drainage. Abdominal palpation tells the practitioner that the fetus is lying with its head engaging in the brim. Auscultation shows that the foetal heart is vigorous and regular. As the pains go on he can feel the uterus diminishing the vertical height of its fundus above the pubes, until it ultimately expels a living child. He feels the uterus remain firm, and then, in about twenty minutes, notes its hardening and diminution in bulk simultaneous with the expulsion of the placenta.

Now this ideal is unattainable in one respect, viz., that vaginal examination is necessary. How is the accoucheur to render his vaginal examination as little dangerous to the patient as possible? In two ways. First, by seeing that his fingers are scrupulously cleaned with turpentine and carbolic acid; and, second, by taking care that his patient, while he examines, is never in the semi-prone nor genu-pectoral postures. These postures admit air when the vaginal orifice is dilated, and are therefore bad for ordinary obstetrical manipulation. This should be conducted when the patient is dorsal or semi-dorsal with the shoulders raised. The fingers, passed while the patient is in this posture, separate the vaginal walls only where they touch them, and being followed up by them as withdrawn, air is prevented ingress.

Management of the Third Stage.—The mechanism of the expulsion of the placenta, as given by Duncan, clearly proves that traction on the cord to aid the expulsion is inadmissible under any circumstances. It is tempting, and seems natural, to help out a sluggish placenta with a gentle tug, but wrong, nevertheless. The best means of imitating the natural process, when necessary, seems to me as follows: After the child is born, the accoucheur should palpate the uterus, feel that it is contracted, note its bulk, and satisfy himself further that there is no bleeding from the cervix, etc. Nothing active should be done for twenty minutes or so. If the placenta is not then expelled, the following plan should be tried: With the patient on her back, grasp the fundus uteri with both hands, fingers in front and thumbs behind. Squeeze it firmly in the direction of the line joining these, avoiding downward pressure. The uterus will then become smaller as the placenta is squeezed out of it. It is now out of the uterus, as is felt by its lessened bulk. Then press down the uterus in the line of the axis of the brim. This drives the uterus against the pubic segment, and the latter against the placenta, forcing it out. SPIEGELBERG recommends the squeeze and downward push to be simultaneous, but I prefer them separated.

A recent discussion of the subject at the Medico-Chirurgical Society of Glasgow, reported in the *Glasgow Medical Journal*, July, 1881, indicates that the majority of members believed that it was useless to attempt carrying out anything like complete "Listerism" in the management of private cases. One of the members seemed to have made a strong point by showing, as the result of actual observations he had made, that the vagina is normally, in some positions of the body, an open and not a closed tube, and thus admits the air without difficulty, quite to the os uteri. Such being the case, he claimed that the attempt to keep the vagina antiseptic is futile.

The plan carried out by VON WEBER, of Prague, is as follows:—

As soon as a new patient is admitted her vagina is washed out with a two per cent. solution of carbolic acid, and the parts about the vulva thoroughly washed with soap and carbolic acid solution. If the labor be long delayed after the escape of the waters, the vagina is washed out every two hours with carbolic acid solution. In order to prevent the entrance of air into the vagina, a wad of cotton steeped in dilute liquor. (1 to 3) is laid before the vulva. After the expulsion of the placenta the vagina is washed out by the head midwife, with the carbolic acid solution, and if the labor has been a protracted one, the fœtus decomposed, or any operation has been undertaken, the assistant himself must wash out the uterus with a three per cent. carbolic acid solution. All fissures of the genitals are closed with carbolized catgut, and ruptured perineæ with carbolized silk. If the vagina has been much bruised a wad of cotton wool saturated with camphor is passed

into it immediately after the removal of the placenta. In all natural labors the child is born under the hand-spray, and all operations are performed under the steam-spray. The placenta, till removed from the ward, is placed in a solution of carbolic water. To prevent infection after labor the vagina is washed out every two or three hours with lukewarm two per cent. carbolic acid solution, which has previously been boiled. In all cases where the passage is injured or there are puerperal ulcers, a wad of cotton is laid before the vulva, impregnated with carbolic acid or camphor. The nurses are made to wash their hands in carbolic solution after having in any way come in contact with the genital tract of a lying-in woman.

In STADFELDT's clinic, in Copenhagen, for five years, all children have been born under the steam-spray, and he expresses his surprise that this method has not been more widely adopted, as it is simple and without injury to either mother or child. The spray is used from the moment any part of the child appears at the vulva till the placenta has been removed, any ruptures that have taken place in the soft part have been sewed up, and a wad of prepared oakum placed before the vulva.

Management of Hospital Labors.

The management of ordinary labors in the Simpson Memorial Hospital, Edinburgh, is suggestive and worth quoting, from the last quarterly report of that institution.

In each ward, during both day and night, an aqueous emulsion of carbolic acid 1-10 was vaporized by means of a spirit lamp. When the ward was more than usually full, two such apparatuses were kept working.

Napkins dipped in carbolic and subsequently dried were employed in every case. It was found especially needful to dry that part of the napkin which rested under the buttocks, as otherwise an abrasion of the skin was apt to occur. All dirty napkins were at once placed in a pan containing carbolic solution 1-20. The vagina of each patient was washed out with slightly warm water containing 1-60 of carbolic acid thrice daily, by means of a douche and a glass tube, each patient having her own special glass tube, which, when not in use, was kept under 5 per cent. solution of carbolic acid. In cases where the lochia were more than usually offensive, the vagina was washed out four to six times daily. The patients seemed to find these vaginal douches very grateful.

It was noticed that after a stay of three weeks or so in a ward the temperature began to rise all over the ward, and in these cases a move was at once made to the other ward, while the ward previously occupied was thoroughly fumigated. Any case showing the slightest doubtful symptoms was at once isolated. As a preventive measure against gonorrhœal ophthalmia, the eyes and face of every new born infant were at once washed with 1-50 carbolic solution, some of it being dropped in between the lids. In all, there were

two cases of ophthalmia, one previous to this treatment and one subsequent to it.

Immediately after delivery the vagina of each patient was well washed out with 1-60 solution.

The favorable results of these measures are clearly seen in the statistics of the Hospital.

Induction of Premature Labor.

The method of induction adopted by Dr. JOHN DOUGAL, Lecturer in the Glasgow School of Medicine, is thus described by him in the *Glasgow Medical Journal*, July, 1881:—

When the patient had completed what we thought about seven and a half months of pregnancy, I began the induction of labor by moving the bowels freely with castor oil. The head was presenting. With patient lying on her left side, a No. 6 elastic catheter, smeared with carbolic oil, and containing its wire, was gently pushed through the os, between the uterine wall and the amniotic sac, toward the patient's umbilicus, until it was obstructed. The wire was then withdrawn and the remaining projecting part of the catheter coiled up in the vagina, and a piece of oiled lint placed in the latter to keep the catheter from shifting. The point of the catheter was directed toward the umbilicus to avoid the seat of the placental souffle, heard externally by the stethoscope. The catheter extended about six inches into the uterus. Patient, of course, kept her bed. In about twelve hours pains began, and the lint and catheter were withdrawn. After this the pains continued sharp, short, and frequent, and in ten hours a small living male was born, without artificial assistance whatever, the labor after the withdrawal of the catheter having been natural in every respect. The child only lived six hours. Patient recovered without a bad symptom.

Accidents of Labor the Result of Uterine Disease.

It is often brought forward that parturition leads to many uterine diseases; but, on the other side, the frequent complications of labor brought about by affections of the os and cervix, have not received adequate attention. A thoughtful article on it has been published by Dr. J. HENRY BENNETT, in the *British Medical Journal* July 9. His argument may be seen from the following extract:—

I believe that I am fully warranted in stating that many of the accidents of parturition are owing to the coexistence of uterine inflammation. The most prominent are, hemorrhage, rigidity of the os, laceration of the cervix, retained placenta, *post partum* hemorrhage. It stands to reason that if the cervix, at the time of confinement, be the seat of a large fungoid, bleeding ulceration, the loss of blood is likely to be much increased; and so it is. I have frequently examined women, confined under my care, six weeks after the confinement, because they had lost much more blood than they should have done during the labor, and have found extensive ulcerative disease of the cervix, previously unsuspected by myself or by others. In all cases of rigidity of the os uteri

during labor, I have followed the same course. I have examined my patients six weeks after confinement, and have so constantly found chronic inflammatory disease of the cervix, hypertrophy and induration, and often laceration of the cervix, that I am led to the belief that rigidity of the os is nearly always to be thus explained. If I am right in this opinion, there is a deal to modify or erase in most works on midwifery.

My private midwifery practice, during the active period of my career, was all but confined to consultation cases, and to attendance on females whom I had previously attended for uterine disease, generally inflammatory affections. Among these, retention of the placenta, from adhesion to the uterine walls, was so common that I quite expected it. My line of practice was to wait an hour, and then to remove the placenta, which I nearly always found attached to the uterine walls. In those cases, and sometimes in others in which no interference was required, *post-partum* hemorrhage was frequent and troublesome.

Chloral in Labor.

Some observations on this are reported in the *St. Louis Courier of Medicine*, by Dr. B. BRIBACH:—

The mode of exhibiting the drug consisted in giving fifteen grains every half hour until the patient came under its full influence; in unusual rigidity of the os, thirty grains were given as the initial dose. The total amount in each instance varied from thirty to seventy-five grains, forty-five grains being sufficient in the majority of cases. To a few patients thirty grains were given by enema; in the parturient state chloral appears to act even more promptly and satisfactorily when given by the rectum than it does when given by the mouth.

Effect on the Pains.—Chloral modifies the dilating pains of the first stage, in so far that it renders them decidedly less frequent, more effective, and less harassing to the patient. Pains occurring every five minutes will, after the exhibition of the chloral, generally recur less frequently, about every ten minutes. The teasing, wearing sensation in the interval between the pains, with its suffering and the lamentations of the patient, subside, giving way to a state of peaceful somnolence. During the pains the patient is aroused, but the expressions of pain and worry are much less marked. The effect is often so very striking that the parturient process seems to be entirely suspended. Digital examination during the pains, however, shows the uterine contractions to have increased in efficacy, from the more powerful protrusion of the amnion and the rapid progress of the first stage.

Effects on the Os Uteri.—Chloral has the indubitable property of overcoming functional rigidity of the os. In some instances the rapidity of its action is surprising. The presence of fecal matter in the lower bowels seems to counteract the action of chloral.

Further observations on this drug as controlling after pains may be found in the *MEDICAL AND SURGICAL REPORTER*, p. 68, Vol. XLIV.

(To be continued.)

CORRESPONDENCE.

Vicarious Menstruation, or Gastric Ulcer.

ED. MED. AND SURG. REPORTER:—

On the night of November 27th, 1879, Mrs. H., widow, age 28, a former patient of mine, was carried from the cars of the M. J. & N. Railway, upon a rocking chair, and placed, waiting the arrival of her friends, in the ticket office of Arbela station. Complying with her request, I visited her there, and was informed that she had been sent from Memphis, in this (Scolland) county, by Dr. John E. Parish, a distinguished physician of that place, to be placed in my professional care. From the lady I learned that a week previously she had, while in Memphis, suffered under a very severe attack of bleeding from the stomach, which came on suddenly, with great violence, and a large quantity of blood was ejected in a very short space of time. Mrs. H.'s health was good at the time, so good that a condition of plethora existed—but she had not menstruated during several months. She asked me abruptly what I thought was the matter with her. From the imperfect history recited, the signs present, and my knowledge of the previous physical condition of my patient, acquired in several years' professional attendance upon her, during which period I had twice successfully treated her for menorrhagia, I concluded that this was a case of so called vicarious menstruation. Having quite recently read Dr. Walter Coles' valuable essay on the subject, this diagnosis arose in my mind with a promptness chargeable to that writer, whose points were fresh in memory and all appearing in the case before me. Mrs. H. was removed to the residence of her father-in-law, and having pressing engagements elsewhere, I did not see her again until next day, about 7 P.M., when I was hurriedly called by some one who said she had been vomiting blood and seemed to be dying. I found her in bed surrounded by frightened relatives. She was vomiting clots, mixed with warm fluid blood, into a vessel containing nearly a gallon of the fluid, all thrown from her stomach in less than twenty minutes. I applied an ice bag to epigastrium and administered a large dose of Squibb's ergot, followed, after a fresh recurrence of emesis, by another still larger. This promptly checked the hemorrhage for a time, and I at once telegraphed for Dr. Parish, who had safely conducted her through the peril of the first attack. Before that gentleman arrived a severe attack of bleeding came on, and with it some new calamities, shaking the early diagnosis of vicarious menstruation, and forcibly suggesting that this was something more, to wit: localized burning pain in the stomach, aggravated by a small test dose of brandy, constant retching, paroxysmal ejection of blood and terrible pain in the back, that distressing pain which belongs to the clinical history of gastric ulcer. These symptoms prognosticated an early dissolution for the sufferer.

Dr. Parish arrived at midnight, and after a hurried consultation, it was decided that the hemorrhage was from a large gastric vessel perforated at some point by erosion; also, that death was certain; and finally, that I should continue the fight with ergot, erigeron, cold, stimulants,

etc. Dr. P. left for home after a short stay, considering that the woman was *in articulo mortis*. Left now to ease, if possible, the rapidly shortening passage to eternity, I proceeded to give attention to that which required it most—the agonizing pain in her back.

This, as subsequent events will show, proved to be nephritic, and gradually diminished under a powerful, perhaps reckless, dose of opium. The bloody emesis ceased about 4 A.M., and day dawned, not on a dead woman, but upon one bloodless, pallid, weak almost to syncope, with nothing of vitality remaining but the strength of indomitable courage.

My treatment during this long and dreadful night embraced fluid extract ergot, oil erigeron, reinforced in the morning by full doses of opium with subnitrate of bismuth. The wonderful nerve and resolution exhibited by my charge created a belief that her life might yet be saved, if bleeding did not again occur. At dawn I sent for Dr. Parish, who came promptly, rendered me much valuable assistance, and again placed the patient in my special charge, being himself unable to give the close attention demanded by Mrs. H.'s perilous condition. The nephritic back pain being still present, and not correctly appreciated, our "gastric ulcer" diagnosis was adhered to, and general treatment arranged accordingly. Ergot hypodermically, bismuth, and as the stomach regained some power, a beef preparation, were considered the best exhibit we had to offer, and carried her nicely over about a fortnight, when, medical attention being no longer needed, she was surrendered to her relatives.

I did not see her, after handing over the case to nature and her reparative processes, during twelve or fifteen days. In this lapse of observation another trouble developed which fully explained the misleading back pain, convincing me that my first diagnosis was correct, and that here was another for Dr. Coles, not one of gastric ulcer. Dropsy appeared, made rapid progress, and at last, by request of friends, a consultation was held, participated in by Dr. W. A. Monroe, Dr. G. W. Murphy, Dr. John E. Parish and myself. The decision was that the exudation was probably of renal character, and that the power of medicine should be tried before resorting to operation. Dr. Parish now resumed charge of the case, and after unsuccessfully using our most reliable means for reduction, the gentlemen I have named, only Dr. Monroe being absent, met again, and after thoroughly discussing the case in all its phases, paracentesis was performed, Dr. Parish operating, and a large quantity of fluid removed, in which albumen showed plainly.

Mrs. H. now slowly passed on to recovery, peritonitis often threatening, but yielding readily to the magic of good opium. She is at present in robust health, and will be hemorrhagic whenever a prolonged interruption of catamenial discharge shall force through some weakened spot in a blood vessel the flood of a new vicarious menstruation.

I present my record of this remarkable case, to be considered by those interested in the study of medical problems, this variety in particular, which I have failed to find noted by modern authorities, though accurately described in several

old works on Practice. Dr. Slack, of Boston, once a magnate in the profession, writing on the subject twenty years ago, says, "vomiting of blood is more common among women than among men. It commences with pain and distress in the pit of the stomach, sickness, restlessness and weakness. There is a sense of extreme fullness of the stomach and a dying sickness, which are somewhat relieved by vomiting, but return again every hour or two. There is almost a constant nausea and retching. After throwing up more or less of blood there will be a short respite, but spasms and vomiting soon return again. Death will ensue from vomiting of blood, but not often. Medical writers have assigned a great many reasons for bleeding at the stomach, but none appear to be entitled to any great weight. Most probably the stomach is in a similar state to the lungs and living of the nose when bleeding takes place from those organs. *A sudden suppression of the menstrual discharge is supposed to occasion this affection of the stomach.*"

If mine was not a case of vicarious menstruation (the natural result of natural causes, plethora, pressure and rupture), then that abnormal condition is a chimera, and it must have been gastric ulcer, cured after erosion of a vessel large enough to permit the escape of blood in a deluge. That a severe nephritis complicated, adding hydro-peritoneum and threatened peritonitis to the dangers arising from extensive hemorrhage, is a matter of fact which may furnish some light for investigation in their search after a causative lesion. A. W. SAWYER, M.D.

Arbela, Mo.

Obscure Abdominal Tumor.

ED. MED. AND SURG. REPORTER:—

Early this spring I was present at a consultation over a case of Dr. J. G. Cunningham's, of abdominal tumor, Dr. Stewart and myself being the consulting physicians. The case has been thought worthy of reporting, and the following is the history as laid before the Armstrong County Medical Society:—

The patient, Mrs. C., was then 62 years of age, slim, delicate, anæmic. Temperature, pulse, respiration and urine normal, in fact, no complaints of pain or symptoms of disorder, except a lump in the upper umbilical region a little to the right of the median line. This we examined carefully; there was no pain or tenderness, slightly movable; firm but not hard; on pressure pulsation was detected, and even when grasped and raised up the pulsation was quite plain, but did not seem to be in the substance of the tumor, so it was concluded to be the abdominal aorta. The tumor was noticed about a year before, and was then further to the right, and now a band could be felt deeply situated, extending from the tumor to the right, and stopped about the edge of the ribs or under the liver. Previous history was good. No intestinal obstruction, pain, jaundice or other symptoms of difficulty with the liver or its appendages, no swelled glands in the neck or axilla, no history of carcinoma in the family, no uterine or kidney disorders, no subjective symptoms, in

fact, but inconvenience from the size and locality of the tumor, which was three inches in diameter, and being situated where the bands of the clothing went around it, or above it, it was desirable to have it lessened, if possible. The patient had a more than ordinary degree of culture and intelligence. She gave a definite account of her case, and seconded every effort to obtain a correct diagnosis. She followed our directions to the letter.

Our diagnosis, after deliberation, was an innocent tumor from enlarged lymphatics, which led to a rather favorable prognosis, provided, however, that the tumor did not break down and empty into the cavity of the peritoneum.

The treatment consisted of tonics and alteratives, quinine, iron, and iodides. External applications had been made of iodine, etc. with no appreciable results, so they were discontinued.

Several weeks after this, intestinal obstruction occurred, tympanites, some pain; no particular tenderness, but retching and vomiting glairy mucus; lime water and milk was finally retained, but nothing else would stay. Dr. Wallace, of East Brady, was then called in and the diagnosis was confirmed (none of us were absolutely certain), but the prominent symptoms were treated, pain relieved by suppositories of morphia and atropia, and a few days of comparative tranquility followed, when she threw up a great mass of grumous, thick liquid, fetid and ropy; then she rallied; the tumor got smaller; the swelling went down; the tympanites subsided; we entertained great hopes that recovery would speedily follow, as evidently the tumor had opened into the bowel, and the contents would very likely all be discharged in that way, but the constipation continued; this was about the 10th of June.

On the 18th of July, I was summoned to see her, Drs. Cunningham and Stewart both being away from home. Something had suddenly broken inside, and I found her in a state of collapse, suffering intense pain. I gave an unfavorable prognosis, with a bare possibility of the break having occurred into the bowels; sedatives were administered hypodermically, and other means used to restore her, but she died before midnight, without rallying from the shock, her mind being perfectly clear to the last.

Dr. Cunningham made a post-mortem examination, assisted by Dr. Stewart and myself. On opening the abdominal cavity the surface of the intestines was found covered with feces. The tumor was plainly visible, black and smooth. The intestines were cemented together all around it, and on dissecting it up, it proved to be the gall bladder; its walls were gristly, and it was divided into two parts, one imbedded with calculi, five being found which were three-quarters of an inch in diameter; the other half was distended with bloody pus and bile. The walls were tightly adherent to the duodenum, and a hole in this bowel, just under the cyst, showed where a calculus had worked its way through the adjacent structures, producing a subacute inflammation as it went, solidifying the mesentery, bowel, and the head of the pancreas, and finally escaped into the cavity of the abdomen.

M. H. ALTER, M.D.

Kittanning, Pa., July 30, 1881.

Maternal Impressions.

ED. MED. AND SURG. REPORTER:—

Will you allow me to indulge in a few remarks on "Maternal Impressions?" About thirteen years ago I attended a Mrs. H., in her first labor. Delivered the child with the forceps. No questions asked by the mother. The child had only one eye. Eyelids with lashes on right side were formed, but smaller than those of the left side, and no eyeball. I asked the mother whether she knew a cause for the deficiency, and she could at the time recollect none. She wondered whether I had not destroyed the eye with the instruments! I told her that such was not the case, since no wound could be shown to prove such a result. On my visit next day, she remembered that when she had passed her third month of pregnancy, she had an intolerable itching of her right eye; that she often stood before the looking glass and rubbed the eye with the knuckle of her index finger. The child's eye had the appearance of suspended development, occurring about the fourth month of its fetal existence. Mrs. H.'s second child was born with red hair, fair skin, afterwards covered with freckles. Both parents have dark complexions and black hair, and to the best of their knowledge, no red hair among either of their relatives. During her second pregnancy, on a certain Sunday, she stood behind her future brother-in-law, who had a head full of fine, fiery red hair, and admired its beauty. When her child was born it had a head full of fine, fiery red hair. Another child, born a year and a half later, by the same parents, also had fiery red hair. The first child, and three others, born subsequently, at intervals of two years, all have black hair and dark complexions. In their other features the children all resemble each other, excepting the hair, complexion and freckles.

Prof. Dunglison, during his lectures delivered at the Jefferson Medical College, Philadelphia, mentioned the instance of a male zebra and a female horse meeting at a certain watering place, the mare being at the time in heat. Connection followed, and the offspring, when born, had all the stripes of the zebra. The following spring the same mare was served by a male horse of her own color, and the offspring as in the first instance, had the stripes of the zebra. Prof. Dunglison ascribed the zebra stripes on the horse colt to the impression made on the female ovaries during her first meeting of the zebra. Be this as it may, I feel convinced that these occurrences are not accidental, but incidental to a certain law of nature. Dr. C. H. Shivers asks: "Pregnant women always long for something unattainable; why, then, are not children more frequently marked by these longings?" For the same reasons, Doctor, that not every woman is impregnated who has a fecundated ovum passing into her womb; or for the same reason that a person passing or sitting in the focus of a camera obscura, with all the chemicals in place, not a sufficient length of time, will not leave any, nor a desirable, nor a perfect image or impression upon the plate. To produce a maternal impression, or mark, upon her child, physical or intellectual, the mother's mind must become perfectly

absorbed in the object before her, and remain so for a certain length of time, the same as the photographer will tell you, keep still, "look on one spot, don't change your position until I tell you;" Or, as the mesmerist will say: "close your eyes, keep your mind fixed on one thing for a certain length of time, and count from one to ten, over and over again, until I tell you to stop." Or, as the Methodist knows that a certain excited and fixed condition of the mind of his subject is necessary to favor conversion, the enlivening song and the power of prayer is resorted to, to bring about the desired result. Position, time and mind, produce these changes, and since not all minds work similarly nor in harmony, the natural results are not all the same.

F. R. BRUNNER, M.D.

Bechtelsville, Pa., July 31st, 1881.

NEWS AND MISCELLANY.

Proceedings of the International Medical Congress.

The Congress was formally opened on Wednesday, August 3d, by the Prince of Wales. The total number of members present was about 2500. Sir William Jenner, K.C.B., took the chair, as chairman *ex officio*, and delivered a brief opening address.

Sir J. Risdon Bennett moved a resolution appointing Sir James Paget President, and Mr. William MacCormac General Secretary, and the several gentlemen whose names were mentioned in the report as Vice-Presidents of the Congress, and Vice-Presidents of the various Sections, and all the other officers. He referred to the very complete literature of the Congress which had been prepared. While he was welcoming, in very good French, the foreign delegates, the Crown Prince of Prussia arrived, and was greeted with great heartiness and cordiality by the immense assembly.

Professor Donders, of Utrecht, seconded the resolution, paying a compliment to British skill and talent in organization, as evinced by the arrangements of the Congress, and prophesied from its sittings valuable additions to medical science.

The resolution was carried by acclamation; and then a brief formal address was delivered by the Prince of Wales.

The President, Sir James Paget, having now taken the chair, proceeded to deliver his Inaugural Address.

After Sir James Paget's speech the first general meeting of the Congress was dissolved; and from and after 3 p.m. the various sections were constituted and began work.

At 4.30 in the afternoon of the same day the second general meeting was held in St. James' Hall, under the presidency of Sir James Paget, when Professor Virchow, of Berlin, delivered, in German, to a large and most appreciative audience, an address on the "Value of Pathological Experiment."

On Thursday, the 4th, the third general meeting of the Congress was held in St. James' Hall, when the address prepared by the late Professor Maurice Reymond (of Paris), on "Le Scepticisme en Médecine, au temps passé et au temps

présent," was read by Dr. Féréol, his intimate friend. The fourth general meeting took place on the 5th inst., when Dr. Billings delivered his admirable address on "Our Medical Literature," to a very large and highly appreciative audience. The fifth general meeting did not take place till Monday, the 8th. On that day the general address was from Professor Volkmann, on "Modern Surgery," and in the course of his address he paid a high tribute to Professor Lister as the discoverer of the Antiseptic System—a system which has been very widely, and one may say enthusiastically, adopted in Germany, with the happiest results. On this day also, before Professor Volkmann's address, Professor Pasteur (of Paris) described at length, and with eloquence as well as precision, his researches and discoveries on the vaccination-like protection of animals from infectious diseases.

The final meeting of the Congress was held in St. James' Hall, on the afternoon of Tuesday, August 8th. The Great Hall was filled, and the first proceeding was the delivery of an address by Professor Huxley, on "The Connection of the Biological Sciences with Medicine." After the address, Mr. MacCormac read a short report of the work of the Congress, from which it appeared, that 119 meetings of sections had been held, at which 464 written and 360 spoken communications had been made. Sir James Paget, the President, then submitted to the meeting resolutions which had been received from the Physiological and Ophthalmological Sections, promising that if any dissented from the first their names would be recorded. The resolution, which had been most carefully discussed and considered, sent by the Physiological Section, was in the following terms: "That this Congress records its conviction that experiments upon living animals have proved of the utmost service to medicine, and are indispensable for its further progress; that, accordingly, while strongly deprecating the infliction of unnecessary pain, it is of opinion that, alike in the interests of man and of animals, it is not desirable to restrict competent persons in the performance of such experiments." This resolution was received with great applause, and was declared carried without a single dissentient, a unanimity of opinion which was probably partly due to Professor Virchow's address.

Sir James Paget then explained that the views of the Ophthalmological Section were about to be drawn up in due form by a small committee, and placed in the hands of the Executive Committee of the Congress. Meanwhile, the Section recommended that their resolutions should be adopted as acts of the Congress, in order that they might be forwarded, through the Secretary-General, to the President of the Board of Trade, the First Lord of the Admiralty, and the Secretary of State for Foreign Affairs, with an expression of the desire of the Congress that they should be favorably entertained, and, if approved, be recommended for adoption by foreign governments. A resolution to this effect was also agreed to unanimously.

On the motion of Mr. Bowman, seconded by Professor Lister, medals of honor were next presented to the Professor of the last Congress, Professor Donders (of Utrecht); to the General Secretary,

Dr. Guye (of Amsterdam); and to the readers of general addresses in the present Congress—Dr. Féréol (of Paris), Dr. Billings (of Washington), Professor Volkman (of Halle), Professor Huxley (of London), and Professor Virchow (of Berlin). And it was resolved also that a medal should be sent to the widow of the lamented Dr. Maurice Reynaud, who had written, and was to have delivered, the address on "Le Septicisme en Médecine, au temps passé et au temps présent," which had been read by his friend, Dr. Féréol.

Votes of thanks, at the instance of Professor Lagenbeck, Professor Charcot, Professor Donders, Dr. Billings, and others, were then passed to Mr. MacCormac, Hon. Secretary-General, and to his assistants, Mr. Makins and Dr. Coxwell; to others, medical and lay, who had helped to make the Congress successful in every way; and to Sir James Paget, President of the Congress. All these votes were heartily passed by the meeting; and Mr. MacCormac, on rising to express his thanks, was received with warm and richly-deserved applause.

Sir James Paget, in bidding the members "Good-bye," stated that the Executive Committee would take into consideration the time and place of next meeting. They had received an invitation from the King of Spain to hold their next meeting in that country, but there was a desire on the part of many that one of the Scandinavian capitals should be selected.

The meeting in every respect was thoroughly successful, and the social features which it presented were of the most agreeable kind, and added much to the charm of the occasion. Abstracts of some of the more important and generally interesting work done in the Sections will be given in subsequent issues of the REPORTER.

Reigning Diseases in Paris.

Each quarter M. Besnier presents to the Société Med. des Hôpitaux a report on the diseases most common during the quarter, and any peculiarities they may have presented.

During the first trimester of 1881, the general mortality in the hospitals was much larger than usual, but this M. Besnier considered due to the great extension of hospital services during the present year. Affections of the respiratory organs (particularly pneumonia) were of exceptional gravity. This last disease determined the very advanced mortality of 42 per cent. Diphtheria, less common than in the corresponding period of 1879, caused 543 deaths, against 514 during the first trimester of 1880.

The eruptive fevers have proven, as M. Besnier has already observed, of greater gravity during the winter months. The mortality for smallpox was 24 per cent., but the disease has been much less prevalent. Instead of 798 deaths in 1880, it caused but 356 deaths during the same period of 1881. In face of the many arguments latterly brought forward against vaccination, the report of M. Landrieux, who conducted the smallpox service at the St. Louis Hospital, is of special interest.

The mortality among those who had never been vaccinated reaches the terrible proportion

of 70 to 80 per cent.; while for those who had been vaccinated during childhood, no matter how long before, the mortality was but 10 or 15 per cent. Measles, according to M. Archambaud, proved of great benignity among private patients, but in the Children's Hospital, in the service of M. Labric, 21 out of 36 succumbed. Thirteen of the patients contracted the measles in the hospital (a strong argument for the isolation of such patients in similar institutions). Almost all of them had broncho pneumonia, and nine died from croup, but one presenting any sign of this malady when brought into the service. Among 15 patients with scarlatina at the Hôpital des Enfants Malades, 7 had contracted it while at the hospital, and 3 of these 7 succumbed.

Typhoid fever was much more common than usual at this period of the year. It is generally in spring time that the greater number of cases are observed; but this year and last year, instead of declining at the beginning of the winter months it seemed to undergo a recrudescence.

The Surgical Institute.

The establishment at the corner of Broad and Arch streets, in this city, known as the National Surgical Institute, has heretofore been under such management that the regular profession could not give it their patronage and approbation. This, we are glad to say, is now changed. It has been taken charge of by a well known physician of this city, who will hereafter conduct it in a manner that will be strictly in conformity with professional propriety. The Institution has exceptionally good facilities for the successful management of many surgical diseases, and will be found to offer resources not easily obtainable elsewhere for the treatment of many cases. An advertisement of its present management will be found in our issue of to-day, and we recommend it to those physicians who are on the lookout for a proper place to send patients needing these special therapeutic manœuvres.

Tri-State Medical Society.

The Seventh Annual meeting of the Indiana, Illinois and Kentucky Tri-State Medical Society, will be held in the city of St. Louis, Mo., Tuesday, Wednesday and Thursday, October 25, 26 and 27, 1881.

The profession of the "Mississippi Valley" are cordially invited to attend.

G. W. BURTON, Secretary.

OBITUARY NOTICES.

EDMUND L. PETTINGILL, M.D.

Died in Hancock, N. J., last month, at the early age of 31 years. Born in Hancock, he studied medicine with his father. At Yale College he graduated with the class of 1871, after which he attended lectures at Cleveland, Ohio, and completed his studies at the College of Physicians and Surgeons, in New York city, in 1876. After finishing his studies he returned to Hancock,

and commenced the practice of his profession. About a year and a half ago a copartnership of father and son was formed, which was only terminated by the death of the junior doctor. Edmund L. Pettingill has won the confidence of a very large circle of acquaintances and patients. As a surgeon he was thought to rank with the best. His early and sudden death leaves a young wife bowed with sorrow, and an aged and loving father and mother stricken with grief.

—Dr. Ira Hutchinson, the oldest physician in Middlesex County, Connecticut, died at Cromwell, on August 10th, at the age of eighty-one years. He had been in continuous practice for fifty-six years, a part of the time in Haddam, and earlier in Farrington. He went to the latter place upon leaving the Yale school. He had been President of the Connecticut Medical Society, and was one of the best known old school physicians in the State.

QUERIES AND REPLIES.

Impotence.

MR. EDITOR:—I will ask Dr. J. D., Mo., to use nothing but tr. staphisagria. I have given it for impotence in all my cases; have never known it to fail once, and have used it for a number of years. J. T. V. BLOCKSON.

Delaware.

[While I was a student under the late Dr. J. M. Houston, graduate of Maryland University, he appeared to me to have a number of "impotent cases," and his treatment was staphisagria, and was always successful, hence, I give my experience. J. T. V. B.]

DEAR SIR:—Is it honorable, or professional, or according to the Code, for B. to step in and take charge of a patient, when A. had just been discharged by note, only having seen patient two hours before, and prescribed; without B's consulting A. in regard to diagnosis, and what medicine he had given. Can B. do justice to himself or the sufferer without knowing what A. has already given? By answering the above in the REPORTER, to the pseudonym "Medicus," you will greatly oblige a subscriber and a friend. L. J. W., M.D.

Indiana.

Answer.—We do not consider that a physician who is called in after another has been discharged formally and properly, is required to consult with the one discharged. It is optional with him to do so, or not.

*ED. REPORTER:—During the summers of 1880 and 1881, there has prevailed in various portions of Texas, and other Southern States, a type of continued fever lasting from three to six weeks. It is evidently a remittent fever, although many physicians have called it typhoid. Quinine has but little controlling influence over the course of the disease, which shows that there is something besides malaria, or rather, some morbid condition produced by malaria, continuing the fever.

Will some physician who has had to contend with this obstinate disease, give us its pathology and its best treatment? W., OF TEXAS.

DEATHS.

AXT.—On August 18th, Dr. Frederick Axt, in the fiftieth year of his age.

FORRESTER.—On Saturday, August 20th, James C. Forrester, M.D.